


SIGN UP FOR PALMYRA YOUTH BOWLING 17-18

Bowler's Full Name (First Middle Last)			
Address		City	State Zip
Phone	Male	Female	
Birthdate / /	Age (as of 8/1/17)	Grade	Social Sec #
Name of League		Email _____@_____.	
I would like to bowl with (if possible)			
			

Name of Parent or Legal Guardian			Emergency Phone #	
Address (put SAME if same as child's)				
City	State	Zip	Phone	
Parent Birthdate / /		Parent Email _____@_____.		

I wish to bowl in the above league. I understand I must pay my bowling fees weekly. If I am more than two weeks behind in my bowling fees, I will NOT be able to bowl until they are paid up to date. I also understand that if I am absent I must pay \$2 to the party fund the following week. I will listen to and obey all rules that Palmyra Bowling, USBC and the league enforce.

Bowler's Signature _____ Date _____

I assume all responsibility of the above child. I understand that he/she will not be allowed to bowl if he/she is two or more weeks in arrears of league payment. I also assume any outstanding debt the bowler may incur throughout the bowling season. I understand that when my child does not bowl he/she must pay \$2 to the party fund.

Parent's Signature _____ Date _____

REGISTRATION FEES

Saturday Youth..... \$26.25

Roll 'N Grow Programs

Two Game - Bumpers or non bumpers..... \$17.25

One Game - Bumpers..... \$15.25

Registration covers cost of USBC sanction dues and first week bowling fees

For Office Use Only	
Amt Pd	
Date Pd	
Emp Int	
League	Tm #
Notes	

The above application must be COMPLETELY filled out. The required deposit must accompany it before the child will be placed in the desired league.