


# SIGN UP FOR PALMYRA YOUTH BOWLING 18-19

Bowler's Full Name (First Middle Last)			
Address		City	State      Zip
Phone	Male	Female	
Birthday    /    /	Age (as of 8/1/18)	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 Birthday    /    /		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.*