



2024-2025 JUNIOR GOLD MEMBERSHIP APPLICATION

USBC YOUTH MEMBERSHIP APPLICATION New Member

Bowling Center: _____

League/Tournament Name: KANSAS CITY OPEN

Email Address (EMAIL ADDRESS REQUIRED FOR PROCESSING): _____

GUARDIAN INFORMATION

Guardian's First Name: _____ Guardian's Last Name: _____

Gender: MALE FEMALE Date of Birth(mm/dd/yyyy): _____ Phone Number: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Postal Code: _____

BOWLER INFORMATION

First Name: _____ Last Name: _____

Email: _____

Gender: MALE FEMALE Date of Birth (mm/dd/yyyy): _____ Bowler ID#(found on last year's card): _____

Last 4 digits of Bowler's Social Security Number _____

By submitting this application you consent to the inclusion of your name, local association and scores on BOWL.com

I do not wish to receive non-USBC communication

MEMBERSHIP CARD OPTIONS

NATIONAL MEMBERSHIP

- | | |
|--|---------|
| <input type="checkbox"/> U12 Junior Gold Membership
(U12 Born 8/1/12 or Later) | \$10.00 |
| <input type="checkbox"/> U15 Junior Gold Membership
(U15 Born between 8/1/09 - 7/31/12) | \$30.00 |
| <input type="checkbox"/> U18 Junior Gold Membership
(U18 Born between 8/1/06 - 7/31/09) | \$30.00 |

RETURN COMPLETED FORM TO:

Email: kcoinfo@kansascityopen.com

or

PRINT COMPLETED FORM AND TURN IN
AT TOURNAMENT CHECK IN