

2015 Missouri State USBC Pepsi Youth Championships -- Qualifier Entry Form

Bowling Center: _____

Name of League: _____

Address: _____

Submitted by: _____

Email Address: _____

Address: _____

Telephone: _____

DIVISION	NOV/JAN	NAME USBC NUMBER	ADDRESS PHONE	AGE <small>As of 8/1/14</small>	BIRTHDATE MM/DD/YEAR	SQUAD CHOICE
						1st-
						2nd-
						1st-
						2nd-
						1st-
						2nd-
						1st-
						2nd-
						1st-
						2nd-
						1st-
						2nd-
						1st-
						2nd-
						1st-
						2nd-

Complete and Mail to: Barb Kennon, Tournament Director, 3789 College Road, Farmington, MO 63640