



2024-2025 PJBT BOWLING SERIES BOWLER INFORMATION

PLEASE COMPLETE IF THIS IS YOUR FIRST COMPETING EVENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL: (____) _____

BIRTHDATE: ____ / ____ / ____

SCHOOL: _____ GRADE: _____

HOME BOWLING CENTER: _____

BOWLER ID NUMBER: _____ - _____ (found on sanction card)

DO YOU HAVE A FACEBOOK PAGE? (CIRCLE ONE) YES NO

EMAIL ADDRESS: _____

** PLEASE WRITE YOUR EMAIL LEGIBLE – THIS EMAIL IS WHAT IS USED TO SEND YOU CONFIRMATION EMAILS ON YOUR SCHOLARSHIP EARNINGS **

FOR HANDICAP BOWLERS ONLY:

HIGHEST SANCTIONED

LEAGUE AVERAGE : _____ BOWLING CENTER: _____

* BY SIGNING BOTTOM, BOWLER IS VERIFYING THAT THIS IS THEIR HIGHEST LEAGUE AVERAGE FOR

* BOWLER CAN BE DISQUALIFIED IF WRONG AVERAGE IS REPORTED LAST YR OR THIS YEAR

* BOWLERS RESPONSIBILITY TO REPORT CORRECT AVERAGE PER PJBT RULES

SANCTIONING:

(CIRCLE ONE)

USBC JUNIOR

USBC ADULT

SIGNATURE OF BOWLER _____

(BY SIGNING HERE, I AGREE TO FOLLOW ALL PJBT RULES STATED IN RULE BOOK AND UNDERSTAND THAT I CAN BE DISQUALIFIED BY TOURNAMENT MANAGEMENT FOR NOT ADHERING TO THESE RULES. PARENT ALSO CONSENTS TO THE USE OF THE CHILD'S LIKENESS, PICTURE, OR VOICE TO BE USED ON TELEVISED LIVESTREAMING)