2009 Missouri Pepsi USBC Youth Championships

QUALIFIER ENTRY FORM

BOWLING CENTER:_____ LEAGUE NAME: _____

SUBMITTED BY: _____ EMAIL ADDRESS:_____

ADDRESS:_____

_____ PHONE:_____

DIVISION	NOV OR JAN	NAME SSN	HIGHEST AVERAGE AS OF 01/18/2009	ADDRESS	PHONE	AGE AS OF 08/01/08	BIRTHDATE MO/DAY/YR	SQUAD CHOICE