2020 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 As of 8/1/19	BIRTHDATE MM/DD/YEAR	SQUAD CHOICE
						1st-
						2nd-
						1st-
						2nd-
						1st-
						2nd-
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						1st-
						2nd-
						1st-
						2nd-

Complete and Mail to: Bob Fields, Tournament Director, 31213 E 155th Street, Pleasant Hill, MO 64080