



4991 Fairview Avenue
Linthicum, MD 21090-1405

Fax: 410-636-3256

Phone: 410-636-BOWL / 410-636-2695

Parental Consent Form

1. This form must be filled in completely. Do not skip any lines.
2. Parent or guardian must sign.
3. Form must be received at least 20 days before the event.
4. Mail to the National Duckpin Bowling Congress.

Youth's Name _____

Street Address _____

City, State Zip _____

Telephone _____

Age _____ Birthdate _____

Parent/Guardian _____

Street Address _____

City, State, Zip _____

Telephone _____

League/Tournament Name _____

Tournament Director/League Secretary _____

The above mentioned parent or guardian hereby gives consent to their child to participate in the above mentioned league or tournament where cash or merchandise prizes are awarded. In giving this consent, the parent or guardian is aware that participation in such a league or tournament may affect the amateur standing of their child, thus making them ineligible to participate in high school or college athletics. The parent or guardian named above also understands that such participating will make their child ineligible for participation in activities of the National Duckpin Youth Association.

Date: _____

Signature of Parent/Guardian _____