



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, 4991 Fairview Avenue, Linthicum, MD 21090-1405

YOUTH DATA: _____
YOUTH'S NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO.

AGE _____ BIRTHDATE

PARENT DATA: _____
PARENT'S NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

EVENING TELEPHONE _____ DAY TELEPHONE

AGE _____ BIRTHDATE

LEAGUE SECRETARY OR TOURNAMENT DIRECTOR

BOWLING CENTER

LEAGUE OR TOURNAMENT NAME

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 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 OR GUARDIAN