

VIRGINIA STATE USBC STATE TOURNAMENT REGISTRATION

TEAM NAME _____

CENTER NAME _____

LAST NAME: _____ FIRST NAME: _____ INT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: _____ BIRTHDAY: _____ GENDER: MALE FEMALE

INDV. CERTIFICATION NO: _____ (2/20) _____ (4/10) _____ SUMMER _____

LAST NAME: _____ FIRST NAME: _____ INT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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PHONE NO: _____ BIRTHDAY: _____ GENDER: MALE FEMALE

INDV. CERTIFICATION NO: _____ (2/20) _____ (4/10) _____ SUMMER _____

COACH:

LAST NAME: _____ FIRST NAME: _____ INT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: _____ E-MAIL ADDRESS: _____

IF I HAVE AN E-MAIL ADDRESS THE FINAL STANDINGS WILL BE E-MAILED TO YOU.

