



**NEBRASKA MIDDLE SCHOOL BOWLING FEDERATION
BOWLER REGISTRATION**

Please mail form to: Tessa Fischer, 953 N 27th St., Blair NE 68008

TO BE COMPLETED BY PARENT/GUARDIAN (Please print)

Last Name: _____ First Name: _____ MI: _____

Address: _____ City/State/Zip: _____

Birthdate: ___/___/___ Gender: ___ Current Grade: _____

Current USBC Bowler (Y/N) _____ USBC ID# _____

Prior NMSBF Bowler (Y/N) _____

Father's Name: _____

Address: _____ City/State/Zip: _____

Home Phone: () _____ - _____ Cell/Pager: _____

E-mail Address: _____

Mother's Name: _____

Address: _____ City/State/Zip: _____

Home Phone: () _____ - _____ Cell/Pager: _____

E-mail Address: _____

Local Bowling Center: _____

Website Release: I authorize NMSBF to use photos of my child on its website or other promotional materials.

Signature: _____