

HIGH SCHOOL PRACTICE LEAGUE

Please PRINT and do not leave anything blank. ALL REQUESTED INFORMATION is needed to process this league.

_____ High School

from which Flint Metro Bowling Conference _____ League

GAC Metro Saginaw Valley JV

The information below is for the School's Practice League (NOT Conference League).

Practice games bowled at the following center/s: _____

Please all that apply: ___ Boys ___ Girls ___ Varsity ___ JV Team

Check days practice on: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Circle The day above when *games for average* will be bowled. # Weeks _____ Time _____ PM

Date Practice Schedule Begins ___/___/___ Date Schedule Ends ___/___/___

Name of Coach _____ USBC ID # _____ - _____

Address _____

City _____ Michigan Zip Code _____

Phone # _____ Email address _____

Bowler's First and Last Name (no nicknames please)	USBC ID #	Grade
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		

This completed form, in addition to all of the individual Membership Applications, need to be submitted to Debbie Alexander or Tracy Long-Arnold on/before 1st date of Competition.