



QUALIFYING POST-EVENT REPORT

2011-2012 SEASON

PLEASE PRINT

EVENT NAME _____ USBC CERTIFICATION # _____

BEGINS ____ / ____ / 20____ ENDS ____ / ____ / 20____ EVENT # _____

BOWLING CENTER _____

CITY _____ STATE/PROVINCE/ZONE/COUNTRY _____

TYPE OF EVENT TOURNAMENT LEAGUE PREMIERE EVENT YES NO

TOTAL # OF PARTICIPANTS IN THIS EVENT MALE _____ FEMALE _____

HOW MANY PARTICIPANTS ARE JUNIOR GOLD MEMBERS? MALE _____ FEMALE _____

WHAT ADVANCEMENT RATIO/PROCEDURE DID YOUR EVENT USE FOR THE NORTH POINTE JUNIOR GOLD CHAMPIONSHIPS?

1:4 CHAMPION OTHER _____

FINANCIAL SUMMARY FEES SUBMITTED TO USBC

Reserved spots already submitted _____ x \$200 = _____

of additional qualifiers _____ x \$200 = _____

of new Junior Gold Memberships sold _____ x \$30 = _____

Total amount submitted to USBC = _____

PAYMENT METHOD (ALL PAYMENTS MUST BE MADE IN U.S. FUNDS) VISA MASTERCARD

NAME AS IT APPEARS ON CREDIT CARD _____

CREDIT CARD NUMBER _____ EXPIRATION DATE ____ / ____ CCV _____

THIS REPORT WAS SUBMITTED BY

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP _____

DAY PHONE (____) _____ EVENING PHONE (____) _____

FAX NUMBER (____) _____ MOBILE PHONE (____) _____

EMAIL _____

SIGNATURE* _____

*Signature authorizes USBC to fax or e-mail pertinent league/tournament information, as well as verifies all provided information is accurate

EACH REPORT MUST BE ACCOMPANIED BY

1. Final standings sheet (U15 and U20 Finalist Reports)
2. All new and renewed USBC Junior Gold membership applications
3. List of names and addresses of advancing participants and alternates
4. All monies as identified in the Financial Summary

Return this report within **15 DAYS** of the conclusion of your event:

United States Bowling Congress
Attn: North Pointe Junior Gold Championships
621 Six Flags Drive
Arlington, TX 76011
Email: usbcjuniorgold@bowl.com
Fax: (817) 385-8262