



Participants Entry Form / SMART Information
Please Print Clearly

Fill this form out for your first tournament of the season only. Please provide ALL information so we can contact you and submit information accurately to USBC and SMART.

Date _____

NAME _____

GENDER Male ___ Female ___

ADDRESS _____

CITY _____ **STATE** _____ **Zip Code** _____

TELEPHONE NUMBER (____) _____

E-MAIL ADDRESS _____

DATE OF BIRTH (Required) _____

USBC ID# (Required) _____

Estimated graduation year from high school _____

(If you are in college... which year you graduated from high school.)

Parent's Name _____

Parent's Email _____