TEAM SCORE APPLICATION

League secretary/tournament manager must notify local association within 48 hours of team score. Application form must be mailed to local association within 20 days of score. **USBC headquarters must receive applications for team score awards by Sept. 1, in order to receive recognition.**

Center Name: _____ Center #: _____

Center Address: _____
City/State/Zip

Competition Name: _____ Competition #: _____

Competition Official: _____
Name

_____
Address City/State/Zip

Competition Type
(check one)
- ❑ League
- ❑ Tournament
- ❑ Interscholastic

Captain's Name: _____ E-mail: _____

_____
Street Address City State Zip

Team Name: _____

Team Sponsor: _____

Team Type
(check one)
- ❑ Men's
- ❑ Women's
- ❑ Mixed
- ❑ Youth

Please print the bowlers' names and scores in line-up position. Verify membership of all team members.

Team members bowling the highest game or series nationwide, between Aug. 1 and July 31, will receive recognition upon the completion of the season.

Date Bowled: _____ MM _____ DD _____ Year

Team Score: _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total

List Score – No Handicap

1. _____ **Gender:** ❑ Female ❑ Male _____ Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total
Bowler ID#: _____ – _____
_____ Ball Manufacturer _____ Ball Model Serial Number on Ball: ❑ Yes ❑ No

2. _____ **Gender:** ❑ Female ❑ Male _____ Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total
Bowler ID#: _____ – _____
_____ Ball Manufacturer _____ Ball Model Serial Number on Ball: ❑ Yes ❑ No

3. _____ **Gender:** ❑ Female ❑ Male _____ Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total
Bowler ID#: _____ – _____
_____ Ball Manufacturer _____ Ball Model Serial Number on Ball: ❑ Yes ❑ No

4. _____ **Gender:** ❑ Female ❑ Male _____ Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total
Bowler ID#: _____ – _____
_____ Ball Manufacturer _____ Ball Model Serial Number on Ball: ❑ Yes ❑ No

5. _____ **Gender:** ❑ Female ❑ Male _____ Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total
Bowler ID#: _____ – _____
_____ Ball Manufacturer _____ Ball Model Serial Number on Ball: ❑ Yes ❑ No

	Youth Team Score Requirement										Adult Team Score Requirement					
	8 and under		***9 - 11***		***12 - 14***		***15 - 18***		***19 - 22***		***Men***		***Women***		***Mixed***	
	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series
2-Player	140	420	200	600	260	780	350	1050	420	1260	550	1550	500	1350	525	1500
3-Player	210	630	300	900	390	1170	525	1575	630	1890	825	2250	725	2075	750	2200
4-Player	280	840	400	1200	520	1560	700	2100	840	2520	1050	2900	950	2750	1000	2800
5-Player	350	1050	500	1500	650	1950	875	2625	1050	3150	1325	3700	1175	3425	1250	3600

Please ship award to:

_____
Association Name

_____
Association Number

SIGNATURE

Competition Official Signature: X _____

Were all rules observed when score was bowled?
❑ Yes ❑ No *(If no attach explanation.)*

Was the game(s) pre/post bowled?
❑ Yes ❑ No