TEAM SCORE APPLICATION

League secretary/tournament manager must notify local association within 48 hours of team score. Application form must be forwarded to league processor 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

National 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

National 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

National 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

National 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

National ID#: _____

_____ Ball Manufacturer _____ Ball Model Serial Number on Ball: ☐ Yes ☐ No

	Youth Team Score Requirement								Adult Team Score Requirement					
	8 and under		9 - 12		13 - 16		17 - 20		Men		Women		Mixed	
	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series
2-Players	150	450	250	750	350	1050	450	1350	550	1550	500	1350	525	1500
3-Players	225	675	375	1125	525	1575	675	2025	825	2250	725	2075	750	2200
4-Players	300	900	500	1500	700	1900	900	2300	1050	2900	950	2750	1000	2800
5-Players	375	1125	625	1875	875	2625	1125	3375	1325	3700	1175	3425	1250	3600

Please ship award to:

_____
Association Name

_____
Association Number

SIGNATURE

Competition Official Signature: _____

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

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