

TEAM SCORE APPLICATION

League secretary/tournament manager must notify local league processor within 48 hours of team score. Application form must be forwarded to USBC Headquarters within 20 days of score.

USBC headquarters must receive applications for team score awards by SEPT. 1, in order to receive recognition.

Center Name: Street Address Competition Name: Competition Official: Ceam Name: Ceam Sponsor: Captain's Name: Please print the bowlers' names, member ID numb Teams bowling the highest game or series nationw and July 31 will receive recognition upon the comp 1. National ID #	Email: ers and scores in lineup position ide in each division between Aug	List Score — No Hange 1 Gender: Female Game 1 Game 2	(check one) League ☐ Tournament ☐ Interscholastic Team Type (check one) ☐ Men's ☐ Women's ☐ Mixed ☐ Youth MM/DD/Year E 2 ☐ Game 3 ☐ Series Total
Competition Name:	Email: ers and scores in lineup position ide in each division between Aug letion of the season.	State/Zip List Score — No Hai Game 1 Game 2 Came 2 Game 2	League Tournament Interscholastic Team Type (check one) Men's Women's Mixed Youth Date Bowled: MM/DD/Year Game 3 Series Total Date of Birth (Youth only)
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Team Sponsor: Captain's Name: Please print the bowlers' names, member ID numb Teams bowling the highest game or series nationw and July 31 will receive recognition upon the comp 1. National ID #	Email: ers and scores in lineup position ide in each division between Aug letion of the season.	State/Zip List Score — No Har Team Score: Game 1 Game 1 Game 2	Team Type (check one) Men's Women's Mixed Youth Date Bowled: MM/DD/Year Game 3 Series Total Date of Birth (Youth only)
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and July 31 will receive recognition upon the comp 1 National ID #	letion of the season.	Gender: Female Game 1 Game 2 Game 2	e 2 Game 3 Series Total 1 Male Date of Birth (Youth only)
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National ID #		Game 1 Game 2	Date of Birth (Youth only)
National ID #			
			Came 3 Series Total
Manufacturer	Ball Model	5011	al Number on Ball:
			arrivamber on Bail. 2 163 2 160
2		Gender: 🗅 Female 🗅	Date of Birth (Youth only)
National ID #		Game 1 Game 2	Game 3 Series Total
Ball Manufacturer	Ball Model		al Number on Ball: ☐ Yes ☐ No
3		Gender: ☐ Female ☐	Date of Birth (Youth only)
National ID #		Game 1 Game 2	Game 3 Series Total
Ball Manufacturer	Ball Model	Seri	al Number on Ball: 🔲 Yes 🔲 No
4		Gender: ☐ Female ☐) Male
		dender. Tremale	Date of Birth (Youth only)
National ID #		Game 1 Game 2	Game 3 Series Total
Ball Manufacturer	Ball Model	Seri	al Number on Ball: 🔲 Yes 🔲 No
5		Gender: ☐ Female ☐	Date of Birth (Youth only)
National ID #			
		Game 1 Game 2	Game 3 Series Total al Number on Ball: Yes No
Ball Manufacturer Youth Team Score Requirement	Ball Model	n Score Requirement	
U10 U12 U15		Vomen Mixed	Please ship award to:
Game Series Game Series Game Se		iame Series Game Series Associat	ion Name
2_Players 150 450 250 750 350 10:	50 450 1350 550 1550 56	00 1350 525 1500	
3_Players 225 675 375 1125 525 15	75 675 2025 825 2250 73	Associate 25 2075 750 2200	ion Number
4_Players 300 900 500 1500 700 19	00 900 2300 1050 2900 99	50 2750 1000 2800	Mail to USBC Headquarters 621 Six Flags Drive
5_Players 375 1125 625 1875 875 26	25 1125 3375 1325 3700 11	175 3425 1250 3600	Arlington, TX 76011 817-385-8260 (F)