



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.

Date Bowled: _____
MM DD Year

Team members bowling one of the top three scores nationwide, between Aug. 1 and July 31, will receive awards upon the completion of the season.

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

List Score - No Handicap

1. _____ **Gender:** _____
 Female Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total _____
 Male
 National ID#: _____

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

2. _____ **Gender:** _____
 Female Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total _____
 Male
 National ID#: _____

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

3. _____ **Gender:** _____
 Female Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total _____
 Male
 National ID#: _____

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

4. _____ **Gender:** _____
 Female Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total _____
 Male
 National ID#: _____

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

5. _____ **Gender:** _____
 Female Date of Birth (Youth only) _____ Game 1 _____ Game 2 _____ Game 3 _____ Series Total _____
 Male
 National 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.)*