

APPLICATION FOR ILLINOIS STATE USBC WBA AWARDS

LEAGUE AWARDS ONLY

Award: 75 Pins Over Average Laminated Bookmark A single game (one per season)	Code 01	Award 100 pins over average (charm) only one game one per season	Code: 02	Award 150 Pins Over Average Bag Tag (3 game series) one per season	Code: 03
250 game-180 or less average (one per season)	04	275-297 game scratch scores only (one per season)	05	675-699 series scratch scores only. (one per season)	06
300 Game (one time award) Subsequent 300 game letter of congratulations.	07	700 Series (one time award) subsequent 700 series letter of congratulations	08	800 Series (one time award subsequent 800 series letter of congratulations	09

Please mail applications to: Illinois State USBC WBA
Unit 22, 1224 Towanda Avenue
Bloomington, IL 61701

When using this form, please use one form per bowler! If a bowler has only one award, then only one space is used and the information is filled in completely. If a bowler has two awards, then both spaces are used, and all spaces are completely filled out.

DO NOT LEAVE INFORMATION BLANKS EMPTY. EVEN IF YOU HAVE TO REPEAT INFORMATION. (ALL SCORES MUST BE BOWLED IN CERTIFIED ILLINOIS LEAGUES)

The bowler's average must be for at least 21 games in a season. Bowlers are eligible for one award (August 1 to July 31) see application codes or call Illinois USBC WBA Office with questions.

Association # _____ Association Name _____

1. Bowlers Name _____ Bowler ID Number _____
Address _____
Code _____ Average _____ Game Score _____ Series Score _____
Date Bowled _____
2. Bowlers Name _____ Bowler ID Number _____
Address _____
Code _____ Average _____ Game Score _____ Series Score _____
Date Bowled _____
3. Bowlers Name _____ Bowler ID Number _____
Address _____
Code _____ Average _____ Game Score _____ Series Score _____
Date Bowled _____

I certify that the above information is correct. _____
Signature of League Secretary

I hereby certify that all bowler listed on this form are members of the Illinois USBC WBA having paid the \$1.00 membership fee for 2009-10 bowling season.

Signature of Association Manager _____ Address _____ City _____ State _____ Zip _____

FORMS ARE TO BE SUBMITTED TO OFFICE WITH A 30 DAY TIME FRAME.

Revised 7/2/1010 **PLEASE DISCARD ALL OLD FORMS**