

APPLICATION FOR ILLINOIS STATE USBC AWARDS
LEAGUE AWARDS ONLY

Award: 75 Pins Over Average A single game (one per season)	Code 01	Award 150 Pins Over Series (3 game series) (one per season).	Code: 02	Award 250 Game 180 or less average (one per season)	Code: 03
275-299 game scratch scores only (one per life time) Letter of recognition thereafter)	04	800 Series (Pull-over) (only one per life-time)	05	300 award (one per season letter of recognition thereafter)	06
All Spare, Dutch 200, Triplicate One per lifetime Letter of recognition there after	07				

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 State USBC Office with questions.

Association # _____ Association Name _____

1. Bowlers Name _____ Bowler ID Number _____
Address _____
Code _____ Average _____ # games _____ Game Score _____ Series Score _____
Date Bowled _____ Bowling Center -league name _____

2. Bowlers Name _____ Bowler ID Number _____
Address _____
Code _____ Average _____ #games _____ Game Score _____ Series Score _____
Date Bowled _____ Bowling Center- league name _____

3. Bowlers Name _____ Bowler ID Number _____
Address _____
Code _____ Average _____ #games _____ Game Score _____ Series Score _____
Date Bowled _____ Bowling Center - league name _____

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 State USBC having paid the \$2.00 membership fee for 2018-2019 bowling season.

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

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

Please mail applications to: **Illinois State USBC**
% Earlene M. Nelson, Association Manager
402 W. Hamilton, Road, Bloomington, IL 61704

Revised 8/1/2018 **PLEASE DISCARD ALL OLD FORMS**