

APPLICATION FOR ILLINOIS STATE USBC ACHIEVEMENT AWARDS

This form may be used by Men, Women, and Youth
LEAGUE AWARDS / TOURNAMENT

CODE	ACHIEVEMENT	AWARD	RESTRICTIONS
01	75 Pins Over Average Game	Writing pen	One per season
02	150 Pins Over Average Series	Writing pen with stylus	One per season
03	250 Game (180 avg or less)	Koozie	One per season
04	275-299 Game	Credit Card Holder	One per lifetime (letter of recognition thereafter)
05	800 Series (any avg)	Pull-over long sleeve shirt	One per lifetime
06	300 Game	300 medal with ribbon	One per lifetime (letter of recognition thereafter)
07	All spare, Dutch 200, Triplicate	Pin	One per lifetime (letter of recognition thereafter)
08	700 Series (209 avg or less)	Short sleeve bowling shirt	One per lifetime
09	600 Series (175 avg or less)	Drawstring Shoe Bag	One per lifetime
10	Youth 700 Series	Performance T	One per lifetime

DO NOT LEAVE ANY INFORMATION FIELDS BLANK, EVEN IF YOU HAVE TO REPEAT INFORMATION FOR MULTIPLE AWARDS FOR THE SAME BOWLER. ALL SCORES MUST BE BOWLED IN CERTIFIED ILLINOIS LEAGUES.

Bowlers are eligible for only one award per achievement per season (August 1st through July 31st). A bowler's average must be for at least 21 games. Otherwise, use last season's sanctioned final average & games.

Association #:		Association Name:				
Bowler's Name:			Bowler's ID #:			
Address, City, State, Zip:						
Average:	# of Games:	Game 1:	Game 2:	Game 3:	Series:	
Code (see above):	Specify Shirt Size (700 or 800 series award only):					
	YM (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/>					
Date Bowled:			Bowling Center / League Name:			

Bowler's Name:			Bowler's ID #:		
Address, City, State, Zip:					
Average:	# of Games:	Game 1:	Game 2:	Game 3:	Series:
Code (see above):	Specify Shirt Size (700 or 800 series award only):				
	YM (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/>				
Date Bowled:			Bowling Center / League Name:		

I certify that the above information is correct.

Signature of League Secretary / Tournament Director

Printed Name of Secretary: _____

Secretary / Director Mailing Address: _____

I hereby certify that all adult bowlers listed on this form are members of the Illinois State USBC, having paid the \$2.00 membership fee for the current bowling season. Youth bowlers do not have a membership fee but must be certified USBC members.

Signature of Association Manager

Address

City

State

Zip

PLEASE SUBMIT FORMS WITHIN A 30 DAY TIME FRAME TO THE ILLINOIS STATE USBC ASSOCIATION MANAGER

Mailing address: Illinois State USBC
c/o Sandy Darnstaedt, Association Manager
1429 N Illinois Street
Swansea IL 62226

Email address: illinoisbowlersrock@aol.com