



# TEAM SCORE APPLICATION

League secretary/tournament manager must notify local association 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: \_\_\_\_\_ Center #: \_\_\_\_\_

Center Address: \_\_\_\_\_  
Street Address City/State/Zip

Competition Name: \_\_\_\_\_ Competition #: \_\_\_\_\_

Competition Official: \_\_\_\_\_

Captain's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Team Name: \_\_\_\_\_  
Street Address City/State/Zip

Team Sponsor: \_\_\_\_\_

**Competition Type**  
*(check one)*

League  
 Tournament  
 Interscholastic

**Team Type**  
*(check one)*

Men's  Women's  
 Mixed  Youth

Please print the bowlers' names, member ID numbers and scores in line-up position.

Teams bowling the highest game or series nationwide in each division between Aug. 1 and July 31, will receive recognition upon the completion of the season.

**List Score – No Handicap** Date Bowled: \_\_\_\_\_  
MM/DD/Year

Team Score: \_\_\_\_\_  
Game 1 Game 2 Game 3 Series Total

1. \_\_\_\_\_

National ID # \_\_\_\_\_

Ball Manufacturer \_\_\_\_\_

Ball Model \_\_\_\_\_

Gender:  Female  Male \_\_\_\_\_  
Date of Birth (Youth only)

Game 1 Game 2 Game 3 Series Total

Serial Number on Ball:  Yes  No

2. \_\_\_\_\_

National ID # \_\_\_\_\_

Ball Manufacturer \_\_\_\_\_

Ball Model \_\_\_\_\_

Gender:  Female  Male \_\_\_\_\_  
Date of Birth (Youth only)

Game 1 Game 2 Game 3 Series Total

Serial Number on Ball:  Yes  No

3. \_\_\_\_\_

National ID # \_\_\_\_\_

Ball Manufacturer \_\_\_\_\_

Ball Model \_\_\_\_\_

Gender:  Female  Male \_\_\_\_\_  
Date of Birth (Youth only)

Game 1 Game 2 Game 3 Series Total

Serial Number on Ball:  Yes  No

4. \_\_\_\_\_

National ID # \_\_\_\_\_

Ball Manufacturer \_\_\_\_\_

Ball Model \_\_\_\_\_

Gender:  Female  Male \_\_\_\_\_  
Date of Birth (Youth only)

Game 1 Game 2 Game 3 Series Total

Serial Number on Ball:  Yes  No

5. \_\_\_\_\_

National ID # \_\_\_\_\_

Ball Manufacturer \_\_\_\_\_

Ball Model \_\_\_\_\_

Gender:  Female  Male \_\_\_\_\_  
Date of Birth (Youth only)

Game 1 Game 2 Game 3 Series Total

Serial Number on Ball:  Yes  No

	Youth Team Score Requirement								Adult Team Score Requirement						
	8 and under		9-12		13-16		17-20		Men		Women		Mixed		
	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	Game	Series	
2_Players	150	450	250	750	350	1050	450	1350	550	1550	500	1350	525	1550	
3_Players	225	675	375	1125	525	1575	675	2025	825	2250	725	2075	750	2200	
4_Players	300	900	500	1500	700	1900	900	2300	1050	2900	950	2750	1000	2800	
5_Players	375	1125	625	1875	875	2625	1125	3375	1325	3700	1175	3425	1250	3600	

Please ship award to:  
Association Name \_\_\_\_\_  
Association Number \_\_\_\_\_

**Mail to**  
**USBC Headquarters**  
**621 Six Flags Drive**  
**Arlington, TX 76011**  
**817-385-8237 (F)**  
**Bowlinfo@bowl.com**

Competition Official Signature: \_\_\_\_\_

Were all rules observed when score was bowled?  Yes  No (If no attach explanation). Was the game(s) pre/post bowled?  Yes  No