



TEAM SCORE APPLICATION

League secretary/tournament manager must notify local league processor within 48 hours of team score. Application form should 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: _____

Team Name: _____

Team Sponsor: _____

Captain's Name: _____ Email: _____

Street Address City/State/Zip

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 lineup 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					
	U10		U12		U15		U18		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	1500
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
817-385-8260 (F)
Bowling@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