

**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 150 Pins Over Average Bag Tag (3 game series) (one per season).	Code: 02	Award 250 game-180 or less average (one per life- time-letter of recogni- tion thereafter)	Code: 03
275-297 game scratch scores only (one per life time) Letter of recognition thereafter)	04	675-699 series scratch scores only (one per life time- letter of recognition thereafter)	05	300 award (one per life time -letter of recognition thereafter)	06
700-799 series scratch scores only (one per life time - letter of recognition thereafter)	07	800-899 series scratch series only (one one per life time - letter of recognition thereafter)	08	Dutch 200, Triplicate Big 4 Split, All Spare Game (one per life time)	09

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 WBA Office with questions.

Association # 81988 Association Name SUBURBAN WINDY CITY USBC

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 USBC WBA having paid the \$2.00 membership fee for 2015-2016 bowling season.

[Signature] 545 ILLINI DR L'AROL STREAM IL 60188  
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 WBA  
% Earlene M. Nelson, Association Manager  
402 W. Hamilton, Road, Bloomington, IL 61704

Revised 7/1/2015 PLEASE DISCARD ALL OLD FORMS