



Local Awards Form

League Secretary:	League:	Bowling Center:	Date submitted:
Phone #:	Bowler Name:	Bowler USBC #:	Date Bowled:

Submit form to: vpusbc757@gmail.com or mail to Bev Hamrick, P.O. Box 7510, Hampton, VA 23666 (All awards must be submitted within 30 days of date bowled)

Specialty Award

Triplicate Score: _____	All Spare Game Score: _____	Dutch 200	Clean Sweep	11-in-a-row
Choose one:	Coffee Mug	Backpack	Koozie	Patch (not avail for 11-in-a-row)

Pins Over Average Game – (Choose One)

Pins Over Average Series – (Choose One)

Game Score: _____	Average: _____
130 avg or below +50 Pins	Lighted Keychain Stylus
131 to 160 avg +75 pins	Sports Bottle
Above 160 avg +100 pins	

Series Score: _____	Average: _____
130 avg or below +75 Pins	Calculator
131 to 160 avg +100 Pins	Accessory Bag
Above 160 avg +150 Pins	Playing Cards

Milestone Award

Other Awards

Game	Choice	Series	Choice
200 Game (≤ 140 avg)	16 oz glass	500 Series (≤ 140 avg)	16 oz glass
225 Game (≤ 160 avg)	11 oz glass	600 Series (≤ 160 avg)	11 oz glass
250 Game (≤ 180 avg)	Towel	700 Series	Towel
275 Game (≤ 200 avg)	300 GM ONLY	800 Series	Polo
300 Game		800 Series Only (While Qty Lasts)	S – M – L – XL – 2X – 3X – 4X (1 st 700 EVER Only) _____
	25 oz mug		MUG

Big 4 - Patch	7-10 Split – Patch
Note: Average based awards must have a 21 game average	

Bowler Name:		Award Chosen:	
Bowling Center:		Bowler Signature/Date:	
League:			Initials of VPUSBC officer that filled order:

Donate cost of my award to Youth BVL Bowl for Cure
