



# GLAC USBC Adult Application Game/Series Awards



Scores must be bowled SCRATCH in a GLAC USBC certified leagues or tournaments and the recipient must have current GLAC USBC membership. **All awards are earned INCREMENTALLY and issued one-time annually per season (Aug 1–July 31) unless otherwise noted.** Some awards have minimum average parameters in order to be earned. If less than 12 games, use previous book average. \*Only the first 3 games count for series awards. Instead of using this form, awards may also be submitted online at <https://form.iotform.com/211518190090145>. **300 games and 800 series must fill out the USBC honor award forms.**

Center \_\_\_\_\_

Center # \_\_\_\_\_

League/Tournament \_\_\_\_\_

Competition # \_\_\_\_\_

Official \_\_\_\_\_ Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

**Starting August 1, 2022 – When the game and series awards are depleted from inventory, those awards will no longer be available. We will remove them and will update this form and the website as each award is discontinued. The new “pins over average” awards will remain. 140 POA will change to 150 POA soon.**

|             |        |            |         |         |         |        |           |            | 125 Game | 150 Game | 200 Game | 299 Game | 300 Series | 400 Series | 500 Series | 600 Series | 700 Series Ladies | 50 POA Game | 75 POA Game | 100 POA Game | 100 POA Series | 140 POA Series |
|-------------|--------|------------|---------|---------|---------|--------|-----------|------------|----------|----------|----------|----------|------------|------------|------------|------------|-------------------|-------------|-------------|--------------|----------------|----------------|
| Bowler Name | USBC # | Score Date | Game #1 | Game #2 | Game #3 | Series | Curr. Avg | # of Games | Max 90   | Max 110  | Max 150  | All      | Max 80     | Max 110    | Max 135    | Max 160    | All               | All         | All         | All          | All            | All            |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |
|             |        |            |         |         |         |        |           |            |          |          |          |          |            |            |            |            |                   |             |             |              |                |                |

**PLEASE RETURN THIS COMPLETED FORM WITHIN 20 DAYS OF DATE BOWLED TO:**

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