



WIBC ACHIEVEMENT AWARD APPLICATION

Separate and Complete

Member's Name _____ National ID# _____
 Street _____ City, State, Zip _____
 Contact Phone () _____ E-Mail Address _____
 Date Bowled _____ Avg _____ # of Gms in Avg _____ Game 1 _____ Game 2 _____ Game 3 _____ Series _____

ACHIEVEMENTS (Check all that apply) see Playing Rules

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 75 Pins Over Average (Game) Emblem* | <input type="checkbox"/> Triplicate Emblem* | <input type="checkbox"/> 200 Game pin (150 avg or less)** | <input type="checkbox"/> 600 Series Pin (175 avg or less)** |
| <input type="checkbox"/> 125 Pins Over Average (Series) Emblem* | <input type="checkbox"/> 7-10 Split Emblem* | <input type="checkbox"/> 275-297 Game Pin** | <input type="checkbox"/> 700 Series Pin** |
| <input type="checkbox"/> All Spare Emblem* | <input type="checkbox"/> Big 4 Split Emblem* | <input type="checkbox"/> 400 Series Pin (115 avg or less)** | <input type="checkbox"/> 100 Pins Over Avg (Watch)*** |
| <input type="checkbox"/> Dutch 200 Emblem* | | <input type="checkbox"/> 500 Series Pin (140 avg or less)** | |

* Not limited. **Limited to once per season per association. ***Limited to once per season.

Secretary Signature _____	Name of Center _____	Certification # _____
Secretary Street Address _____	Name of League/Tournament _____	
City _____	State _____ Zip _____	Lg/Tourn Sanction # _____

Mail this application to your local Women's Bowling Association within 20 days.

Mail to:
 CSWBA
 211 Dewey Ave
 005AW0001 Williamstown, NJ 08094

www.bowl.com 1-800-514-2695, (BOWL)

Revised 04-05



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