



Local Association Award Request

Bowling Center: Please circle one

Airway Revel & Roll

Continental Richland

Competition/League: _____

Bowler Name: _____

Bowler Email: _____

Bowler Sanction# _____

Games/Series:

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Date Bowled: _____

Average: _____

GKBA office use only

Date received :

Date Approved:

Date Fulfilled:

Date Delivered:

Delivered to:

Award Requested:

300 Game

500 Series(max avg 135)

600 Series(max avg 165)

700 Series(max avg 200)

800 Series

Century Game**

11 in a Row

Dutch 200 Game**

7-10 split conversion**

Triplicate **

75 Pins over avg Game

140 Pins over avg Series

Clean Series:

Wine Glass	Tumbler	Plaque	Cooler	Medal	Usb Holder	Hot/Cold Packs	Pin	Drink Wrap	Mobile Charger	Pen
				N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
				N/A	N/A	N/A	N/A	N/A	N/A	N/A
				N/A	N/A	N/A	N/A	N/A	N/A	N/A
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A				N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A				N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

****Must submit proof of achievement**

*MAX of 1 award per each achievement

Any other versions of the award form are null and void

This form is also available at gkbbowling.com

Award application must be sent to association within 15 days to be eligible for award

All awards froms must be submitted via awards@gkbbowling.com or faxed to 269-743-7031

Secretary Signature _____

Date _____