

**TNBA JUNIOR PROGRAM – APPLICATION FOR INDIVIDUAL HIGH SCORE AWARDS
TO BE USED FOR 298, 299 and 300 GAMES AND 800 SERIES ONLY**

(Please print legibly)

Name _____
Last First MidInit

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

TNBA Jr. Certification Number _____ USBC Certification Number _____

Date of Performance _____ Average at time of Performance _____

Name of League or Tournament: _____

Name of Lanes _____ Lane Certification # _____

Address of Lanes _____

Name of Senate _____

Name of Jr. Coach or Coordinator _____

I hereby certify that the score reported was achieved under conditions required by the TNBA Junior Program pertaining to High Score Awards.

Signed _____ Coach/Coordinator _____
Applicant League/Tournament

Date filed with Senate _____ Date received by TNBA Jr. Program _____

INDIVIDUAL HIGH GAME OR 800 SERIES

Single Game _____ 800 Series Total _____ Jacket Size _____

300 Watch _____ Game 1 _____ Game 2 _____ Game 3 _____

299 Watch _____

298 Plaque _____

Please return completed form to TNBA Junior Director within 45 days of date rolled