300 GAME/800 SERIES AWARD APPLICATION FORM

Attn: IGBO Reps – ALL award requests MUST be made within 30 days of the Date bowler bowled the game or series.

On _____, _____, of the IGBO league or Sanctioned IGBO
(Date) ***(IGBO member bowler name)***
Tournament, _____ bowled a 300 game or 800 series, in regular game format.
(IGBO League/Tournament) ***(Circle one)***

SERIES _____ GAMES _____ _____ _____

In accordance with the IGBO award program she/he is entitled to one 300 and one 800 award per fiscal year (July 1 to June 30). Multiple honor scores bowled during the fiscal year can be purchased.
Note: *Please submit additional honor score requests via this form. Mark Additional and enter email address to where the bill for the shirt should be sent to. Any questions please contact your Regional Director.*

Additional – PURCHASE

Enter email address to send bill to: _____

Please indicate the Shirt type, color and size of the IGBO award shirt.
Please circle one of each below:

Shirt Type	**Color**	**Size**
1 – Standard Polo	1 – Royal Blue	1 – Small (S)
2 – Standard Polo TALL (Shirt is cut longer)	2 – Green	2 – Medium (M)
	3 – Red	3 – Large (L)
3 – Sport-Tek Moisture Wick Shirt	4 – White	4 – Extra Large (XL)
	5 – Black	5 – Extra Extra Large (XXL)
	6 – Navy Blue	6 – Triple Large (3XL)

IGBO Logo *(Please circle one)*: **Plain Logo** **Rainbow Logo**

Personalization is First Name Only. **If you would like to see something else, please supply that name below:**

_____

Bowler / Contact Information:
Note: *If award is to go to someone other than the bowler please place name below in Contact Name section, and please put the address where she/he would like to have it delivered. Otherwise, please put bowler's information.*

Contact Name: _____
(Only fill this out if mailing recipient is person other than bowler receiving award)

Address: _____
(Number and street) ***(City)*** ***(State/province)*** ***(Zip/postal code)***

Verification - ***Note: Signatures and email addresses by League/Tournament Rep and IGBO Regional Director are MANDATORY!)***

_____ _____
(Signature of IGBO Regional Director) *(Signature of League/Tournament IGBO Representative)*
*Regional Directors email*_____ *League/Tournament IGBO Representative's email*_____

Print Application form, complete and have it properly signed (see Verification above),
Mail or Email to: Robert H Silliman Jr., IGBO Vice President
19 Beacon Street
Chelsea, MA 02150

E-mail: vpres@igbo.org

617-889-1552 / Fax 617-663-6264