Sarasota Manatee County Bowling Association
Attn: Terry Wood Association Manager
Cell #941-704-5259

LOCAL SENIOR AWARD APPLICATION

(Print name as it is to appear on award. Complete entire application.)

If bowler does not wish to receive award, please sign below along with bowler as confirmation.
(Award will still be placed in SMCBA database and bowler award history file.)

Bowler Signature_____Date_____

Secretary signature_____Date_____

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Name_____
Last First Initial

Nat ID #_____ Age_____ DOB_____

League Name_____Center_____

Average_____ # of Games_____ Series Total _____

*** Senior Award, please mark one of the following***

Category:

1	(55 thru 64)	POA_____
2	(65 thru 74)	POA _____
3	(75 and over)	POA _____

Secretary Signature_____Date Bowled_____

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PLEASE DO NOT WRITE IN THIS AREA FOR ASSOCIATION USE ONLY

The above award application was received on _____. The status is:

SENIOR

_____Being processed
_____Received prior award this season _____
month
_____No record of this bowler sanctioned this season (for any of the categories)

*****REMINDERS*****

If application is not complete, it will be returned to Secretary, delaying award to bowler.
This is the only form that will be accepted for local senior awards.
This form must be submitted within 30 days of date bowled.