

**LOCAL ASSOCIATION TOP BOWLER AWARDS
FINAL REPORT FORM**

**MAIL ORIGINAL FORM TO GEORGIA STATE USBC WBA ASSOCIATION MANAGER
YEARLY BY DECEMBER 1. (ADDRESS SHOWN BELOW)**

Name of Local Association _____ Season 2016-2017

Total Number of Members _____ Total Number of Leagues _____

Name and address of FEMALE bowler holding highest average in your association. She must BE A CERTIFIED GA WBA BOWLER AND have bowled at least 48 games in a CERTIFIED league.

Name _____

Address _____

City, State & Zip Code _____ Average _____

Name and address of FEMALE bowler bowling highest three game scratch series in your association. She must BE A CERTIFIED BOWLER AND have bowled at least 48 games in a CERTIFIED league.

Name _____

Address _____

City, State & Zip Code _____ Scratch Series _____

Name and address of FEMALE bowler bowling the highest scratch game in your association. She must BE A CERTIFIED BOWLER AND have bowled at least 48 games in a CERTIFIED league.

Name _____

Address _____

City, State & Zip Code _____ Scratch Game _____

**LINDA B GUNNIN, ASSOCIATION MANAGER
GEORGIA STATE USBC WBA
P O BOX 143776
FAYETTEVILLE, GA 30214**

**FAX: 678-846-5935
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LOCAL ASSOCIATION MANAGER SIGNATURE

DATE SUBMITTED

Revised: September 2015