



# END OF SEASON AWARDS FORM

## 2024-2025 OHIO STATE USBC YOUTH – GIRLS

**LOCAL ASSOCIATION**  
(LEAGUE'S ONLY)

PLEASE COMPLETE ONE SHEET FOR EACH AGE GROUP. IF A YOUTH BOWLER IS LISTED IN MORE THAN ONE CATEGORY, ONLY FILL IN COMPLETE INFORMATION ONE TIME. PLEASE SUBMIT FINAL STANDING SHEET IF THE INDIVIDUAL PROVIDING THE INFORMATION IS NOT A COACH OR LOCAL ASSOCIATION MANAGER. THIS FORM IS DUE BY JUNE 1, 2025. PLEASE CONTACT THE ASSOCIATION MANAGER IF UNABLE TO MEET THIS DEADLINE TO MAKE OTHER ARRANGEMENTS.

**Age Groups: U8, U10, U12, U15, U18. Youth must bowl 21 games of current season in order to qualify for awards. Ages as of 7-31-24.**

<b>1st High Game</b> _____	<b>1st High Series</b> _____	<b>1st High Average</b> _____
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____	City/State/Zip: _____
Parents/Guardians Phone: _____	Parents/Guardians Phone: _____	Parents/Guardians Phone: _____
Birthday: _____	Birthday: _____	Birthday: _____
Bowling Center: _____	Bowling Center: _____	Bowling Center: _____
Bowling Association: _____	Bowling Association: _____	Bowling Association: _____
Bowler ID: _____	Bowler ID: _____	Bowler ID: _____
Age Group: _____	Age Group: _____	Age Group: _____

<b>2nd High Game</b> _____	<b>2nd High Series</b> _____	<b>2nd High Average</b> _____
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____	City/State/Zip: _____
Parents/Guardians Phone: _____	Parents/Guardians Phone: _____	Parents/Guardians Phone: _____
Birthday: _____	Birthday: _____	Birthday: _____
Bowling Center: _____	Bowling Center: _____	Bowling Center: _____
Bowling Association: _____	Bowling Association: _____	Bowling Association: _____
Bowler ID: _____	Bowler ID: _____	Bowler ID: _____
Age Group: _____	Age Group: _____	Age Group: _____

<b>3rd High Game</b> _____	<b>3rd High Series</b> _____	<b>3rd High Average</b> _____
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____	City/State/Zip: _____
Parents/Guardians Phone: _____	Parents/Guardians Phone: _____	Parents/Guardians Phone: _____
Birthday: _____	Birthday: _____	Birthday: _____
Bowling Center: _____	Bowling Center: _____	Bowling Center: _____
Bowling Association: _____	Bowling Association: _____	Bowling Association: _____
Bowler ID: _____	Bowler ID: _____	Bowler ID: _____
Age Group: _____	Age Group: _____	Age Group: _____