

**IOWA WOMEN'S 700 BOWLING CLUB
MEMBER APPLICATION/RENEWAL**

NAME _____ USBC# _____

ADDRESS _____ CITY/STATE/ZIP+4 _____

PHONE _____ EMAIL _____

LOCAL ASSN. _____ Request Membership Card _____ NO _____ YES
(please check one)

****New Members Only** (Please complete info on your 700 series)

GAMES/SERIES _____ + _____ + _____ = _____

BOWLING CENTER/LOCATION/LANE _____

SCORE VERIFIED/WITNESS (copy of recap) _____

MAIL COMPLETED FORM & MEMBERSHIP FEE (\$5.00) TO:

Iowa Women's 700 Bowling Club
Shellie Kutsch, Sec.-Treas.
4508 Camelot Dr.
Dubuque, IA 52002-0462
shellie.kutsch@iowabowl.com

**IOWA WOMEN'S 700 BOWLING CLUB
HIGH GAME/SERIES FORM**

NAME _____

PHONE _____ E-MAIL _____

HIGH GAME _____ DATE BOWLED _____

HIGH SERIES _____ DATE BOWLED _____

SCORE VERIFIED/WITNESS (copy of recap) _____

LEAGUE/TOURNAMENT NAME _____

SEND COMPLETED FORM (postmarked by August 10) TO:

Iowa Women's 700 Bowling Club
Shellie Kutsch, Secretary-Treasurer
4508 Camelot Dr.
Dubuque, IA 52002-0462
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