



Join the... Super Shots Club

1. All you have to do is score a 7, 8, or 9 in one End of a Pairs, Triples or Rinks (Fours) match played under USLBA or its affiliated organization rules.
2. Send in the claim form signed by the Event Director and/or the scorecard signed by the opposing Skip.
3. Please clearly indicate the number of Pins & Certificates you require. (Bowl Markers will be sent by request only, as many players prefer no stickers on their bowls).
4. The entry fee is \$5.00 per player. Please make checks payable to: USLBA Super Shots.
5. Please make sure that ALL the team member names are listed on the Claim Form, even if the whole team does not wish to join the Club.
6. Please PRINT the names & information clearly!
7. The Club, Team Members, Tournament (if applicable), and date will appear quarterly on the USLBA Website. Include your e-mail address & I will alert you when your team is listed.
8. Individual entrants who join four (4) times in one calendar year will receive one of our Super Shots Club Patches free of charge.
9. The Super Shots Club is awarding eight (8) Cash Prizes at the end of the year. The more Super Shots you enter, the more chances your name will be drawn for one of those Cash Prizes!

Bud Birkenseer
 Super Shots Club Director
 1458 Woodberry Avenue
 San Mateo, CA 94403-3765
 BudBirk@Gmail.com

SUPER SHOTS CLAIM FORM

We wish to claim | 1 | 2 | 3 | 4 | entries to the Super Shots Club.
Circle the number

Our signed scorecard is enclosed. (Our score card was not available, so we had the Tournament Director or the Opposing Skip sign this claim form on the verified by line) Enclosed find a check for \$____.00 which equals \$5.00 per entry. This check made payable to "USLBA Super Shots", will get us a Super Shots PIN, & Certificate. If any sets of bowl stickers are wanted, we will enter the number at the bottom of this form.

Game Information: Pairs | Triples | Rinks
Circle the game played

Points Scored in the End: | 7 | 8 | 9 |
 Player Names: Circle the number

Skip

Vice

2nd

Lead
Please print clearly, it may be your name that gets misspelled.

Club Name: Date: / / .
Where & when the match was played

Tournament Name:
Enter event name if applicable

Verified by:
Event director or Opposing Skip

Bud, mail our award to: Name

Street: City:

State Zip E-mail
Optional Info.

Bowls stickers by request:

- None of us need a set of sticks (save them for someone who will use them)
- Yes, (____) of us would like to have a set of Bowls Stickers.