

GUARANTEED PRIZE FUND

Member # _____ Sponsored By _____



Sponsored by



Average _____ Handicap _____

Membership Application

Name _____ Social Security _____

Have you ever used ANY other name in tournament or league bowling? _____

If YES to above, list ALL other names used _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Date of Birth _____ E-mail _____

Highest Current Average _____ No. of Games _____ (Attach League Sheet) _____

This Year's Book Average _____ No. of Games _____ Bowl / Assn. _____

Last Year's Book Average _____ No. of Games _____ Bowl / Assn. _____

Previous Book Average _____ No. of Games _____ Bowl / Assn. _____

What was your highest average in any Summer League? _____ When? _____ Where _____

Have you won or qualified to win \$300.00 or more in any tournament? _____

If yes to above, list scores shot and amount won. _____

Have your EVER averaged over 189? _____ Years (s)? _____

Have you EVER, or do you PRESENTLY belong to any professional bowling association? _____

Have you Ever won a National or Regional professional bowling association tournament? _____

Have you EVER been a member of any tournament organization? _____

If YES to above, list ALL organizations and averages. _____

Are you familiar with USBC Rules 17, 319 A, D & E? _____

I agree to abide by all A.B.T. rules. I have read and understand all the questions asked on the above application, and the General Information and Basic Playing Rules listed on the Back of this form. Any falsification of the answers on the application is cause for immediate suspension and termination.

Applicant's Signature _____ USBC # _____ Date _____

A Scratch and Handicap
Tournament open to
Men and Women

A Tournament Almost Every
Weekend. The entire Prize
Fund is Guaranteed by
the local branch of the
Amateur Bowlers Tour

All Semi-Finalists

Guaranteed to cash.

Prizes are normally Paid the
same Day in Most
Regular Singles Events

Standard Membership is only
\$30.00

Gold Membership is only
\$250.00 (NATIONAL)

Referred By:

Name:

Pro Shop Location:

Credit Card Number:

Exp. Date/CVV Code

\$ _____
Authorized Amount

Authorized Signature

OFFICE USE ONLY

Average Cards Dues Membership Computer

MAIL TO: ABT, 158 Merion Circle, Marlton, NJ 08053 - Off: (856-985-2942) - AndysABT@gmail.com