



INTERNATIONAL CANDLEPIN BOWLING ASSOCIATION Records Submitting Form

Must be filled out at the time of alleged record was hit.
To be filled out by manager on duty.

**Number to Call
(617) 871-9738**

Date Record Alleged Was Hit ____/____/____

Please Print

Bowler's Name (First) _____ (Last) _____ Date Of Birth ____/____/____

Street _____ Apt# _____

City/Town _____ State _____ Zip _____

Telephone (____) _____ Email Address _____

Individual Score That Was Hit _____ Circle one below

Single String – Three Strings – Five Strings – Ten Strings – Twenty Strings – 1st 3 strings of event – 1st 5 strings of event

Name Of Center Score Was Hit _____ City/Town _____

Name Of League/Tournament Score Was Hit _____

In Which Event Was Score Hit? Singles – Doubles – Teams – Mixed Doubles – Mixed Teams

Date Score Was Hit ____/____/____ Time Score Was Hit _____ AM PM

Lane Numbers Used Where Score Was Hit _____

Were bowling balls weighed and measured before or after score was hit? Yes _____ No _____

Were foul lights and lob line rule in effect and enforced throughout this event? Yes _____ No _____

Is there a hard copy of the score box by box? Yes _____ No _____ Please attach copy to this form if yes.

Signature of witness #1 _____ Signature of witness #2 _____

Signature Of Bowler _____ Signature Of Manager On Duty _____

Comments _____

- Candlepin record scores (scratch) may only be established on ICBA/MBA sanctioned / regulation lanes.
- Record scores must be bowled under controlled conditions i.e. league play, published tournaments, all aspects of TV roll offs, state / provincial events, all aspects of pro and amateur tours.
- The foul line rule must be enforced.
- Approved balls and pins must be used.
- At least one weeks advance publicity must be given.
- There must be at least four bowlers in a regular published shift, two bowlers per lane.
- The original starting lineup must be used throughout.
- The current ICBA rulebook must govern all play.
- Notification must be made within 24 hours to the MBA and lane inspection within 72 hours.

Doubles & Team Event

Team Scores That Were Hit _____ Circle one below

Single String – Three Strings – Five Strings – 1st 3 strings of event – 1st 5 strings of event

Please Print

1) Bowler's Name (First) _____ (Last) _____ Date Of Birth ____/____/____

Street _____ Apt# _____

City/Town _____ State _____ Zip _____

Telephone (____) _____ Signature _____

2) Bowler's Name (First) _____ (Last) _____ Date Of Birth ____/____/____

Street _____ Apt# _____

City/Town _____ State _____ Zip _____

Telephone (____) _____ Signature _____

3) Bowler's Name (First) _____ (Last) _____ Date Of Birth ____/____/____

Street _____ Apt# _____

City/Town _____ State _____ Zip _____

Telephone (____) _____ Signature _____

4) Bowler's Name (First) _____ (Last) _____ Date Of Birth ____/____/____

Street _____ Apt# _____

City/Town _____ State _____ Zip _____

Telephone (____) _____ Signature _____

5) Bowler's Name (First) _____ (Last) _____ Date Of Birth ____/____/____

Street _____ Apt# _____

City/Town _____ State _____ Zip _____

Telephone (____) _____ Signature _____