



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 BowlsUSA or its affiliated organization rules.
2. Send in the claim form signed by the event Director or a scorecard signed by the opposing Skip.
3. Clearly indicate the number of Pins & Certificates you require. The entry fee is \$5.00 per player.
4. **Make checks payable to: B. Birkenseer / Super Shots.** If the whole team is not included, please indicate who paid by circling Yes or No by the player's names. That allows me to know who to include in the Annual Raffle Draw.
5. 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. (All names appear on the Certificate)
6. PRINT the names & information clearly! (ALL CAPS)
7. The Club, Team Members, and date will appear quarterly on the BowlsUSA Website. Please include your e-mail address in case I need to contact you. (Use ALL CAPS on e-mail also)
8. Players with three Super Shots in one calendar year will automatically get a Super Shots Club Patch free of charge.
9. The Super Shots Club awards eight (8) Cash Prizes at the end of every year. The more Super Shots you enter, the more chances you have to win one of those Cash Raffle Prizes!
10. Teams that get the "Perfect 8" in a Pairs or Fours game, or an "8 or 9" in a Triples game, can e-mail me a "Selfie" of the team, which will (if sent) appear on the BowlsUSA website. (Tournament and/or Draw Game play is OK for entries!)

BudBirk@gmail.com

Bud Birkenseer
Super Shots Club Director
1458 Woodberry Avenue, San Mateo, CA 94403-3765

SUPER SHOTS CLAIM FORM

We wish to claim | 1 | 2 | 3 | 4 | entries to the Super Shots Club.
CIRCLE THE NUMBER

The Tournament Director or Opposing Skip should sign this claim form on the verified by line
(If the claim form was not available at the event, I trust you. No need to chase anyone down for a signature)

Enclosed find a check for \$____.00 which equals \$5.00 per entry. A check to "B. Birkenseer / Super Shots", will get each of us a Super Shots PIN, & Certificate.

Game Information: Pairs | Triples | Rinks

CIRCLE THE GAME PLAYED

Points Scored in the End: | 7 | 8 | 9 |

Player Names: (include unpaid as well) CIRCLE THE NUMBER

If not all players paid mark those who did.

Skip PAID Yes / No

Vice Yes / No

2nd Yes / No

Lead Yes / No

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:
If available
EVENT DIRECTOR OR OPPOSING SKIP

Bud, mail our award to:

Name.....

Street:.....Apt.#.....

City:.....State.....Zip.....

E-mail Address.....