



WISCONSIN STATE USBC
HALL OF FAME APPLICATION
MERITORIOUS SERVICE

Note: Please print when completing this form (Additional paper may be used)

Name of Candidate _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Living _____ Deceased _____
Email _____ Phone _____ USBC# _____
Number of years as a certified bowler _____ State Tournaments _____
Signature _____ Date _____

ACHIEVMENTS OF CANDIDATE:

(See Policy & Procedures form for requirements)

National Bowling Association involvement _____

Wisconsin State Bowling Association involvement _____

Local Association involvement _____

Additional information _____

Certifications _____

Name of Proposer _____

Daytime phone _____ Cell _____

Address _____

City _____ State _____ Zip _____

Signature of proposer _____

Date _____

Please send application and all supporting information to:

Wisconsin State USBC
P.O. Box 91418
Milwaukee, WI 53209

Must be post marked no later than August 1st of the current year.

Committee results - Approved _____ Denied _____ Tabled _____ Date _____

Established 6/23/19