



**WISCONSIN STATE USBC**  
**HALL OF FAME APPLICATION**  
**SUPERIOR PERFORMANCE**

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 \_\_\_\_\_

**ACHIEVEMENTS OF CANDIDATE**

(See Policy & Procedures form for requirements)

Scores are very beneficial when possible.

National Bowling Championships \_\_\_\_\_

\_\_\_\_\_

Wisconsin State Bowling Championships \_\_\_\_\_

\_\_\_\_\_

Local Association Championships \_\_\_\_\_

\_\_\_\_\_

Additional Championships \_\_\_\_\_

\_\_\_\_\_

Comments of proposer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Proposer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If outside Wisconsin \_\_\_\_\_ Phone \_\_\_\_\_

Signature of proposer \_\_\_\_\_

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 1<sup>st</sup> of the current year.**

**Committee results – Approved \_\_\_\_\_ Denied \_\_\_\_\_ Tabled \_\_\_\_\_ Date \_\_\_\_\_**

**Established 6/23/2019**