WISCONSIN STATE USBC
HALL OF FAME APPLICATION
SUPERIOR PERFORMANCE

Note: Please print when completing this form.
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 and should be included. Additional sheets may be attached.

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 1st of the current year.

Committee results – Approved _____ Denied _____Tabled_____ Date_____

Revised 9/30/19