



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 90738
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