



WISCONSIN STATE USBC
HALL OF FAME APPLICATION
MERITORIOUS SERVICE

Note: Please print when completing this form (**Additional sheets may be attached**)

Name of Candidate _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Living _____ Deceased _____
Email _____ Phone _____ USBC# _____

Number of years as a certified bowler _____ State Tournaments _____

ACHIEVMENTS OF CANDIDATE:

(See Policy & Procedures at wibowl.com for requirements)

National Bowling Association involvement _____

Wisconsin State Bowling Association involvement _____

Local Association involvement _____

Additional information _____

Certifications _____

Name of Proposer _____
Address _____ City _____
State _____ Zip _____ Phone _____

Signature of proposer _____ Date _____

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 - January 1st of the upcoming year.

Committee results - Approved _____ Denied _____ Tabled _____ Date _____

6/23/19