



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

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 \_\_\_\_\_

**ACHIEVEMENTS OF CANDIDATE**

See Policy & Procedures at [wibowl.com](http://wibowl.com) for requirements)

National Bowling Championships (event/date/scores) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wisconsin State Bowling Championships (event/date/scores) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Association Championships (event/date/scores) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Championships (event/date/scores) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 postmarked no later than - January 1<sup>st</sup> of the upcoming year.**

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

**06/23/19**