



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 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 473

Watertown, WI 53094

Must be postmarked no later than - January 1st of the upcoming year.

Committee results – Approved _____ Denied _____ Tabled _____ Date _____

9/23/23