

WISCONSIN STATE USBC HALL OF FAME APPLICATION MERITORIOUS SERVICE

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

| | State | Zip |
|---------------------------------------|------------------------------|-------------------|
| | | Deceased |
| | | USBC# |
| Number of years as a certified bowler | | State Tournaments |
| ACHIEVMENTS OF CA | NDIDATE: | |
| | es at wibowl.com for require | ments) |
| National Bowling Associ | ation involvement | |
| | | |
| | | |
| Wisconsin State Bowling | a Association involvement | |
| | | |
| | | |
| | | |
| | | |
| Local Association involv | ement | |
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| Additional information | | | |
|---|---------------------|--|--|
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| Cartifications | | | |
| | | | |
| | | | |
| Name of Proposer | | | |
| Address | City | | |
| StateZip | Phone | | |
| | | | |
| Signature of proposer | Date | | |
| | | | |
| Please send application and all support | ing information to: | | |
| Wisconsin State USBC | | | |
| P.O. Box 473 | | | |
| Watertown, WI 53094 | | | |
| Must be post marked no later than - January 1 st of the upcoming year. | | | |
| O-manife Amanage I | Davied Tabled Date | | |
| Committee results - Approved Denied Tabled Date | | | |
| | | | |
| | | | |

9/23/23