

INFORMATION FOR IWBA USBC
BOWLING HALL OF FAME
IN MEMMORIAM

DATE: _____

NAME OF (MISS)

NOMINEE (MRS)

LAST NAME FIRST NAME MAIDEN/MIDDLE NAME

FIRST YEAR SANCTIONED WIBC TOTAL MEMBER YEARS

NUMBER OF YEARS IWBA MEMBER: _____

NEAREST RELATIVE RELATIONSHIP

ADDRESS _____

SPONSORED BY: _____

NAME _____

ADDRESS _____

PHONE SIGNED _____

BOWLING ACCOMPLISHMENTS:

LOCAL: LIST ALL CITY TOURNAMENTS WON, GIVING EVENT, YEAR SCORE

LIST OTHER LOCAL HONORS, BOWLER OF THE YEAR, ALL CITY TEAM 600, OR 700

CLUB: _____

CAREER HIGH: AVERAGE GAME 3 GAME SERIES

4 GAME SERIES _____

STATE: LIST STATE TOURNAMENT TITLES WON, SCORING ACCOMPLISHMENTS,

HONORS WON _____

NATIONAL: LIST WIBC TOURNAMENT TITLES WON OR SCORING

ACCOMPLISHMENTS, HONORS WON, INCLUDING QUEENS, 600 CLUB OR 700 CLUB,

ETC. _____

LIST NATIONALLY KNOWN TOURNAMENTS WON OR SCORING

ACCOMPLISHMENTS _____

LIST ANY PERSONAL BOWLING HISTORY NOT COVERED IN ANY OTHER

CATEGORY _____

LIST SPECIAL HONORS OR CITATIONS FOW BOWLING, SERVICE, CONTRIBUTIONS,

LOCAL STATE, OR NATIONAL, HALL OF FAME, ETC., NOT INCLUDED IN PREVIOUS

CATEGORIES. _____

(OVER) COMPLETE OTHER SIDE

SERVICE ACCOMPLISHMENTS:

LOCAL: LIST SERVICE AS LOCAL ASSOCIATION OFFICER, BOARD MEMBERS, JUNIOR ASSOCIATION, LEAGUE ORGANIZATION, TOURNAMENT ACTIVITIES, COMMITTEES, ETC:

STATE: LIST SERVICE AS STATE ASSOCIATION OFFICER, BOARD MEMBER, JUNIOR ASSOCIATION, COMMITTEES, TOURNAMENT ACTIVITIES, SENIORS, ETC.:

NUMBER OF STATE CONVENTIONS SERVED AS A DELEGATE: _____

NUMBER OF TOURNAMENTS BOWLED: _____

NATIONAL: LIST SERVICE AS WIBC OFFICER, BOARD MEMBER, WITH JUNIOR ASSOCIATION, COMMITTEES, TOURNAMENT ACTIVITIES, ETC.

NUMBER OF WIBC CONVENTIONS SERVED AS DELEGATE _____

NUMBER OF WIBC TOURNAMENTS BOWLED _____

RETURN FORM TO:

ILLINOIS USBC WBA
EARLENE M. NELSON, ASSOCIATION MANAGER
1224 TOWANDA AVENUE UNIT 22
BLOOMINGTON, IL 61701