

**INFORMATION FOR ILLINOIS STATE USBC WBA
BOWLING HALL OF FAME
OUTSTANDING BOWLER
SUBMIT BY MAY 1**

DATE: _____

NAME OF NOMINEE _____

ADDRESS _____

(# & Street)

(City)

(State & Zip)

Phone: _____

First Year sanctioned in WIBC/USBC: _____ Total Number of Years: _____

First Year sanctioned in IWBA/Illinois State USBC WBA: _____

Nearest Relative _____ Relationship _____

Address: _____

Sponsored by: _____

Address: _____

Phone: (_____) _____ Signed: _____

BOWLING ACCOMPLISHMENTS:

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

CAREER HIGH: AVERAGE _____ GAME _____ 3 GAME SERIES _____ 4 GAME SERIES _____

STATE: LIST SERVICE AS STATE TOURNAMENT TITLES WON, SCORING ACCOMPLISHMENTS, HONORS

WON _____

NATIONAL: LIST WIBC/USBC 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 CATERGORY:

MAIL TO: ILLINOIS STATE USBC WBA
1224 TOWANDA AVENUE, UNIT 22
BLOOMINGTON, IL 61701