

ILLINOIS USBC BA STATE BOWLING HALL OF FAME APPLICATION

(Note: Must be at least 45 years of age as of first Saturday in March of the first year being considered; and use only scratch scores)

Name _____ Telephone _____

Complete Address with ZIP _____

Employed by _____

Immediate Family consists of _____

If applicable, in a bowling Hall of Fame(s), where and year inducted _____

Name, full address and telephone number of person submitting application _____

Category: Bowling ___ Meritorious ___ Both ___ Still living: yes ___ no ___ If deceased, date _____

ABC/USBC SANCTIONED LEAGUES AND TOURNAMENTS

First year in a sanctioned youth league _____ Average _____ First year in a sanctioned adult league _____ Average _____

Highest ABC/USBC sanctioned league average _____ Next nine highest _____

Number 300's _____ Year first one _____; Number 299's _____ Year first one _____; Number 298's _____ Year first one _____;

Number Eleven in a row _____ Year first one _____; Number 800's _____ Year first one _____; Number 700's _____ Year first one _____;

ABC/USBC NATIONAL TOURNAMENT

Bowled in how many _____ Year first one _____; Highest single game _____; Highest three game series _____;

List title(s) won, year _____ and score(s) _____

ILLINOIS STATE TOURNAMENT

Bowled in how many _____ Year first one _____; Highest single game _____; Highest three game series _____;

List title(s) won, year _____ and score(s) _____

LOCAL ASSOCIATION TOURNAMENT

Bowled in how many _____ Year first one _____; Highest single game _____; Highest three game series _____;

List title(s) won, year _____ and score(s) _____

PROFESSIONAL BOWLER ASSOCIATION TOURNAMENT

Bowled in how many _____ Year first one _____; Highest single game _____; Highest three game series _____;

List title(s) won, year _____ and score(s) _____

OTHER MAJOR TOURNAMENTS

Bowled in how many _____ Year first one _____; Highest single game _____; Highest three game series _____;

List title(s) won, year _____ and score(s) _____

ACCOMPLISHMENTS RELEVANT TO BOWLING

Association Official: ABC/USBC, position(s) and year(s) _____ State, position(s) and year(s) _____

Local Association, position(s) and year(s) _____

Youth bowling: Organizer _____ and year(s) _____; Coach _____ and year(s) _____; Sponsor _____ and year(s) _____

MERITORIOUS SERVICE – List factors complementing this person's selection in this category:

Mail this application to: IUSBC – Box 111 – Cantrall, IL 62625 or if via E-Mail, send to ibawgc@att.net

APPLICATION MUST BE RECEIVED AT THE IUSBC BA OFFICE NO LATER THAN FEBRUARY 1 OF YEAR BEING CONSIDERED