

**INFORMATION FOR ILLINOIS USBC WBA
BOWLING HALL OF FAME
MERITORIOUS SERVICE
SUBMIT TO ILLINOIS USBC WBA PRIOR TO 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 USBC WBA: _____

Nearest Relative _____ Relationship _____

Address: _____

Sponsored by: _____

Address: _____

Phone: (_____) _____

SERVICE ACCOMPLISHMENTS: _____

STATE: LIST SERVICE AS STATE ASSOCIATION OFFICER, BOARD MEMBERS, YOUTH ASSOCIATION, ALL COMMITTEES, TOURNAMENT ACTIVITIES, SENIOR ACTIVITIES, ETC:

LOCAL: LIST SERVICE AS LOCAL ASSOCIATION OFFICER, BOARD MEMBER, YOUTH ASSOCIATION, LEAGUE ORGANIZATION, TOURNAMENT ACTIVITIES, COMMITTEES, ETC: _____

(over) complete other side

Number of State Conventions served as delegate: _____

Number of Tournaments bowled: _____

Number of WIBC/ USBC CONVENTIONS SERVED AS DELEGATE: _____

NUMBER OF WIBC/USBC Tournaments bowled _____

LIST SPECIAL HONORS OR CITATIONS FOR BOWLING SERVICE, CONTRIBUTIONS,
LOCAL STATE, NATIONAL, HALL OF FAME, ETC, NOT INCLUDED ABOVE

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

SUBMIT PRIOR TO MAY 1