

ROCKFORD AREA USBC
HALL OF FAME NOMINATION FORM

CATEGORY: (CANDIDATE MUST BE 45 YEARS OF AGE OR OLDER TO APPLY)

- _____ LIVING (OUTSTANDING BOWLER)
- _____ POSTHUMOUS (OUTSTANDING BOWLER)
- _____ LIVING (MERITORIOUS SERVICE)
- _____ POSTHUMOUS (MERITORIOUS SERVICE)

NAME _____

ADDRESS _____

EMAIL _____ CELL PHONE _____

DAYTIME PHONE _____ EVENING PHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

LOCAL ASSOCIATION
AFFILIATION _____

NUMBER OF YEARS AS AN AREA SANCTIONED BOWLER IN ADULT USBC LEAGUES

CHARACTERISTICS OF CANDIDATE (PERSONALITY, LEADERSHIP QUALITIES-DEDICATION TO BOWLING. WHAT IS/WAS CANDIDATE LIKE?

LOCAL ASSOCIATION AND BOWLING HISTORY- PLEASE LIST ANY PRESENT/PAST LOCAL AFFILIATIONS. PLEASE ALSO INCLUDE AS MUCH DETAIL AS POSSIBLE, IF NEEDED PLEASE ATTACH EXTRA INFORMATION TO THIS APPLICATION (THIS INCLUDES ALL INFORMATION FOR BOWLING AND MERITORIOUS INFORMATION).

APPLICATION SUBMITTED BY: _____

PHONE/EMAIL: _____

PLEASE RETURN COMPLETED APPLICATION BY SEPTEMBER 1ST OF THE YEAR APPLICATION IS BEING CONSIDERED FOR HALL OF FAME. APPLICATION MUST BE SUBMITTED WITH A BIO AND PICTURE OF THE CANDIDATE THAT WOULD BE USED IF CANDIDATE IS SELECTED FOR THE HALL OF FAME.

APPLICATIONS SHOULD BE SUBMITTED TO THE EMAIL ADDRESS BELOW OR CONTACT MIKE MATTS AT THE BELOW PHONE NUMBER TO SET UP TIME TO PICK UP THE APPLICATION. APPLICATIONS ARE DUE BY SEPTEMBER 1ST.

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