

Auburn USBC Women's Bowling Association

HALL OF FAME

Application for Consideration

Superior Achievement

Meritorious Service

Veteran

Name: _____ Date of Birth: _____

Address: _____ Phone No. _____

City: _____ State: _____ Zip: _____

Living

Deceased

Years of membership in the Auburn Women's Bowling Association: _____

League offices held & years held: _____

Local, State, or National offices held & years held: _____

Other titles or events organized or chaired: _____

	Actual	OR	Under 10	10 – 20	Over 20
WIBC or USBC Tournaments:	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS Tournaments:	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AWBA Tournaments:	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
600 Series:	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
700 Series:	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
800 Series:	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of 300 games:	_____				
Highest Series Rolled:	_____		Highest Game Rolled: _____		

Please detail this person's contribution and greatest feat in the game of bowling on a separate sheet. Any additional information regarding the above may be listed on a separate sheet.

**Mail to: Ann Fenton 122 Mill St. Clyde, NY 14433
Deadline is September 15th**

See back for list of qualifications