



**Auburn USBC
Bowling Association
2420 Turnpike Rd.
Auburn, NY 13021**

**Auburn USBC Bowling Association Hall of Fame Application
Distinguished Service Category**

Name of Bowler: _____

Age (must be 50 or over) _____, **Indicate Living or Deceased** _____

Address: _____, **City:** _____, **Zip:** _____

Number of years a member of the Auburn Bowling Association: _____

List Association Offices held and what years: _____

List League Offices held and what years: _____

What did this bowler do for the game of bowling: _____

Greatest feat or accomplishment for the game bowling: _____

Other information about this bowler's activities and achievements in the game of bowling:

If additional space is needed for any category please attach additional information to this application. If bowler is deceased please list nearest living relative and address.
Return this application to the address listed in letterhead or any Board of Director.