

**GREATER CARLYLE USBC
HALL OF FAME APPLICATION (FEMALE BOWLERS)**

CANDIDATE'S NAME _____ BIRTHDATE _____
(MUST BE AT LEAST 50 YEARS OF AGE, AS OF MAY 15)

ADDRESS _____ TELEPHONE _____

CANDIDATE'S IMMEDIATE FAMILY: _____

If selected for induction into the Greater Carlyle USBC Bowling Hall of Fame, is she physically capable of attending the ceremonies? Yes No

WE STRONGLY SUGGEST THAT YOU OBTAIN INFORMATION FROM THE CANDIDATE.

OUR EXPERIENCE FINDS THAT WHEN TRYING TO KEEP IT A SECRET, INFORMATION IS SOMETIMES MISSED. MAKE THIS A TEAM EFFORT IN OBTAINING DATA. **USE ADDITIONAL PAPER, IF NECESSARY.** WE UNDERSTAND THAT SOMETIMES THE INFORMATION REQUESTED IS NOT AVAILABLE. DO THE BEST YOU CAN. PLEASE INCLUDE NEWSPAPER ARTICLES, AWARDS, ETC. FOR DOCUMENTATION IF POSSIBLE.

SPONSOR INFORMATION (sponsor will be responsible for introducing the candidate at the banquet)

SPONSOR'S NAME _____ ADDRESS _____

TELEPHONE _____ RELATIONSHIP _____

CANDIDATE TO BE CONSIDERED FOR: BOWLING SKILLS MERITORIOUS SERVICE

NOTE: ALL INFORMATION REQUESTED IS FOR ABC/USBC SANCTIONED COMPETITION – USING SCRATCH SCORES

ABC/USBC HONOR SCORES (BOTH LEAGUE AND TOURNAMENT): (LIST TOTAL NUMBER TO DATE)

300 ____ 299 ____ Eleven In A Row ____

800 series ____ 700 series ____ 600 series ____ Highest Series ____ High single game ____

SANCTIONED LEAGUE AND TOURNAMENT DATA:

Your Highest Top Ten Averages: ____: ____: ____: ____: ____: ____: ____: ____: ____: ____:

Year first bowled in adult sanctioned leagues ____ How many total years bowled ____

How many years have you participated in your Local Association Handicap Tournament ____ Greater Carlyle Scratch Tournaments ____

List any notable accomplishments from any Sanctioned Tournament _____

MANAGEMENT/ADMINISTRATIVE DATA:

Is the candidate currently or been on the board of directors of an WIBC/USBC State or Local Bowling association? _____

If yes, list position(s) and how long served _____

Is the candidate currently or has been a league officer? ____ Office(s) Held _____ # of Years _____

Explain why you think this candidate should be considered for the Greater Carlyle Hall of Fame (attach an additional page if necessary)

SIGNATURE OF SPONSOR _____ DATE _____

**MAIL COMPLETED APPLICATION AND RELATIVE DOCUMENTATION TO: GCBA, 2116 SALMON DR, HIGHLAND, IL 62249
APPLICATION MUST BE RECEIVED BY JUNE 1ST FOR CONSIDERATION IN THAT YEAR.
ANY ORIGINAL SUBMITTALS WILL BE RETURNED UPON REQUEST.**