

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

CANDIDATE'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(MUST BE AT LEAST 50 YEARS OF AGE, AS OF JUNE 1 – CURRENT YEAR)

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CANDIDATE'S IMMEDIATE FAMILY: \_\_\_\_\_

If selected for induction into the Greater Carlyle USBC Bowling Hall of Fame, is he 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 \_\_\_\_ 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 the Greater Carlyle Handicap Tournament \_\_\_\_\_ Greater Carlyle Scratch Tournaments \_\_\_\_\_

List any notable accomplishments from any Greater Carlyle Tournament \_\_\_\_\_

**MANAGEMENT/ADMINISTRATIVE DATA:**

Is the candidate currently or been on the board of directors of an ABC/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 1<sup>ST</sup> FOR CONSIDERATION IN THAT YEAR.**  
**ANY ORIGINAL SUBMITTALS WILL BE RETURNED UPON REQUEST.**