

GREATER CARLYLE BOWLING ASSOCIATION USBC HALL OF FAME APPLICATION

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

ADDRESS _____ TELEPHONE _____

CANDIDATE'S IMMEDIATE FAMILY: _____

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.

NAME OF PERSON MAKING THE RECOMMENDATION

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 ____ 298 ____ Eleven In A Row ____

800 series ____ 700 series ____ Highest Series Ever ____

SANCTIONED LEAGUE DATA: (NUMBER OF TIMES WON FOR ALL YOUR LEAGUE YEARS)

First Place: ____ Highest Average ____ High single game ____ High series: Three (3) games ____ Four (4) games ____

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

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

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 ____

List any other accomplishments that may enhance his application _____

If selected for induction into the Greater Carlyle Bowling Association USBC Bowling Hall of Fame, is he physically capable of attending the ceremonies? Yes No (Please circle one)

SIGNATURE OF SPONSOR _____ DATED _____

NOTE: APPLICATION MUST BE RECEIVED BY THE ANNUAL GCBA/USBC MEETING FOR CONSIDERATION IN THAT YEAR.

PRESENT APPLICATIONS TO ANY GCBA/USBC BOARD MEMBER OR BOWLING CENTER PROPRIETOR.

ANY ORIGINAL SUBMITTALS WILL BE RETURNED UPON REQUEST.