

## Please return to: Association Manager (Hall of Fame) PO Box 6405 Fargo, ND 58109 or bowl@fmusbc.com

## Hall of Fame Application: LEGEND

Recognition for distinguished ability and interest in bowling.

Must be over the age of 60 and currently associated with FM USBC.

Name of Nominee				
Phone Number	Last Name	First		Maiden/Middle
Address				
City, State, Zip Code				
Birthplace/Birthdate				
•	City	State	Month/Day/Year	
Male / Female				
Email				
USBC Membership #				
Number of years as an adu	ult member of USBC			
Number of years as an add	IIT member of FM USBC:			
ACCOMPLISHMENTS:				
	ations			
Special Honors (Examples:	Local/State Hall of Fame.	Bowler of the Year, Industr	v Awards. etc.	
*Please attach a separate s advance the sport.	sheet of no more than two	o pages outlining the application	ants efforts to	
advance the sport.				
Name of Nominator				
Phone Number				
Address				
City, State, Zip Code				
Email				

Nomination form must be approved as accurate by the nominee before it is submitted. Application shall be retained for 5 years if the nominee is not selected the first year of submission.

Please have the nominee sign below to verify the information provided is complete and accurate. Please attach a paragraph explaining if you have ever been suspended or rerated by the USBC in the past.

Nominee Signature	 Date	