



**Auburn NY USBC
Bowling Association
PO Box 1009
Moravia, NY 13118**

**Auburn USBC NY Bowling Association Hall of Fame Application
Outstanding Bowler 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: _____

Number of 300 Games: _____ **Number of 299 Games:** _____

Number of 298 Games: _____ **Number of 800 Series:** _____

Number of 700 Series: _____

Highest average held and during what season: _____

Highest Game bowled and date bowled: _____

Highest series bowled and date bowled: _____

Number of Championships bowled in USBC (ABC) _____, **NYS** _____, **ABA** _____

Tournaments accomplishments: _____

Greatest feat or accomplishment (list years) _____

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.