



# Auburn USBC Bowling Association

PO Box 1009  
Moravia, NY 13118

## Auburn USBC Bowling Association Hall of Fame Application Distinguished Service 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: \_\_\_\_\_

List Association Offices held and what years: \_\_\_\_\_

\_\_\_\_\_

List League Offices held and what years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did this bowler do for the game of bowling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Greatest feat or accomplishment for the game bowling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information about this bowler's activities and achievements in the game of bowling:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**