

MRUSBC Association

HALL OF FAME RESUME

Bowlers Name _____ Date Submitted _____

Address _____ City/State/Zip _____

Telephone # _____ Association _____

Check Here if Posthumous..... []

1) Number of years bowling? _____

2) Number of years bowling in this association? _____

3) Highest sanctioned game? _____

4) Highest sanctioned series? _____

5) Highest average ever held (*66 games or more*)? _____

6) State championships? (List event and division)

7) Association championships? (List event and division)

8) State Association offices held? (List offices and number of years held)

9) MRUSBC Association or its predecessor associations, offices held? (List local offices and number of years held)

10) League Offices Held? (List offices and number of years held)

11) USBC Youth (formerly YABA) offices held? (List offices and number of years held – this includes years and locations coached)

- 12) List offices held in other local or state associations?
- 13) USBC, MRUSBC Association (or BABA, GBWBA, ABC, AJBC, YABA, WIBC) Awards?
- 14) Biography – list chronological accomplishments and areas bowled, special leagues, and tournaments, etc.
- 15) Has this bowler ever, at any time, lost the right to hold a valid USBC (or its predecessor) card as determined by a USBC (or its predecessor association) suspension hearing at which the bowler was found guilty of the charges? If yes, please provide details and/or a complete explanation of the infraction. Attach extra pages, if necessary.
- 16) Has this bowler ever been removed from an office of the MRUSBC Association (or its predecessor associations) for cause, from any league, or “any” bowling association (local or state)? If yes, please provide details and/or a complete explanation.

Must be verified by local Association President or Association Manager:

Signature: _____ Date: _____

Note: If more space is needed, please add attachments. Thank you.