

**APPOMATTOX RIVER USBC – HALL OF FAME
CANDIDATE FORM for SUPERIOR PERFORMANCE**

Candidate's Name _____ CURRENT PHOTO REQUIRED

Address _____

City, State, Zip _____ Telephone _____

Number of years as Member of *USBC _____ * ARUSBC _____
* *Include all previous associations...* Minimum of 10 Years Required

Date of Birth _____ Living _____ Deceased _____

BOWLING ACCOMPLISHMENTS

Career High Series _____ Career High Average _____ Career High Game _____

- List any special awards candidate has earned: (Local – State – National)

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- List any titles won, through any/all Tournaments, Leagues, etc.

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- List any Offices held in League, Association, Etc.

Indicate why you feel this candidate should be inducted into the ARUSBC Hall of Fame for Superior Performance.
Use back of this form or additional paper for answer.

Nominator Must be Member of ARUSBC Submitted by _____

Mail Candidate Form To:
APPOMATTOX RIVER USBC
ATTN: Hall of Fame Committee
Post Office Box 1998
Petersburg, VA 23805

**DEADLINE FOR SUBMITTING FORM
MARCH 15**