

## EXCEPTIONAL MEMBER AWARD APPLICATION

Nominee's Name:

Address:

Number of Years Madison Bowling member:(Minimum of 15 years required-if unknown please use best estimate)

List at least 3-5 accomplishments/contributions nominee has made relative to the sport of bowling (See reverse side for suggestions). Please be specific in your descriptions.

- 1.
- 2.
- 3.
- 4.
- 5.

Briefly indicate why you feel your nominee is deserving of this special recognition:

While bowling scores /averages are not a factor in being selected for this award, personal highs are special and deserve mention. Please list highlights of nominee's bowling career:

High Game:

High Series:

Tournament Recognitions:

Special Recognitions:

Submitted by:

Name

Address

Phone

Deadline for applications: **May 31<sup>st</sup>**

Attach letters of support and mail to:

Madison USBC W. B. A. Office

6213 Monona Drive

Madison, WI.53716