



HONOR CERTIFICATES FROM THE INTERNATIONAL BOWLING MUSEUM & HALL OF FAME

ORDER FORM - **\$10.00 each** (includes shipping & handling)

Local Hall of Fame member: Hall Name: _____
 Service Performance Year inducted: _____

OR:

300 Game 800 to 900 Series (score: _____) Date bowled: _____ City, State: _____

HONOREE:

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MAIL CERTIFICATE TO: Same as above
 Other:

Full Name: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Check attached (Make out to *Int'l Bowling Museum*)

Charge to credit card: M/C Visa Discover Am. Exp.

Mail to: Email to:
Int'l Bowling Museum Kari@bowlingmuseum.com
621 Six Flags Drive
Arlington, TX 76011

Acct #: _____ Exp date: _____

Security Code

Name on card: _____

Signature: _____