



Team Date: _____ **Team Time:** _____

Name: _____

Membership #: _____

City: _____ **State:** _____

Email: _____

YEARS OF WOMEN'S CHAMPIONSHIPS PARTICIPATION, 19 OR MORE

(NOT INCLUDING THIS YEAR) _____

Are you a current member of Team USA?

Yes _____ No _____

Are you a member of the USBC Hall of Fame (national)?

Yes _____ No _____

**Have you won the USBC Masters/Senior Masters/Queens/Senior Queens/
Super Senior Classic/Team USA Trials/U.S. Open/U.S. Women's Open?**

Event: _____ Year: _____

Are you a current state or local USBC association president or manager?

If yes, list details: _____

USBC WOMEN'S CHAMPIONSHIPS BOWLER RECOGNITION & SQUAD ROOM ANNOUNCEMENT SHEET

The information on this card must be completed and returned to the USBC tournament office if you are to be recognized in the **SQUAD ROOM OR ON THE LANES.**

NOTE Plaques and squad room announcements are made from the information provided. Please return at least 24 hours prior to competition to ensure proper recognition.

FORMS CAN BE EMAILED TO

USBCWOMENCHAMPIONSHIPS@BOWL.COM

OR MAILED TO:

USBC Women's Championships

621 Six Flags Dr.

Arlington, TX 76011

ACCOMPLISHMENTS

Champion, 800 series &/or 300 game(s) at the Women's Championships

Accomplishments

Year
