

MEMORIAL RECOGNITION FORM FOR ANNUAL MEETING/BANQUET

Please print all information and send to Genesee Region USBC, c/o Mike Pettinella, 55 Edgewood Drive, Batavia, NY 14020, or email to mikep@bowlgr.com. NAME OF DECEASED ______BOWLER ___ RELATIVE ___ Note: Attach copy of obituary if available DATE OF DEATH YEARS INOLVED IN BOWLING OFFICES HELD NAME & LOCATION OF BOWLING CENTERS NAME & PHONE NUMBER OF CONTACT PERSON **COMMENTS** MEMORIAL RECOGNITION FORM FOR ANNUAL MEETING/BANQUET Please print all information and send to Genesee Region USBC, c/o Mike Pettinella, 55 Edgewood Drive, Batavia, NY 14020, or email to mikep@bowlgr.com. NAME OF DECEASED ______ BOWLER ___ RELATIVE ___ Note: Attach copy of obituary if available DATE OF DEATH _____ YEARS INOLVED IN BOWLING _____ OFFICES HELD _____ NAME & LOCATION OF BOWLING CENTERS NAME & PHONE NUMBER OF CONTACT PERSON

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