

GENESEE REGION USBC MEMORIAL RECOGNITION FORM
FOR ANNUAL MEETING/BANQUET

Please print all information and send to Memorial Committee @ the address below:

NAME OF DECEASED _____ BOWLER _____ RELATIVE _____

NOTE: Attach Obituary or copy if Available

DATE OF DEATH _____

YEARS INVOLVED IN BOWLING _____ ANY OFFICES HELD _____

NAME & LOCATION OF BOWLING ESTABLISHMENT(S) _____

NAME & PHONE NUMBER OF CONTACT PERSON _____

If you wish to send any comments regarding the deceased, please use the reverse side of form.

Send to: Janice King, 6359 Sahrles Rd, Dansville, NY 14437 **email:** jking1016@aol.com

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