

NEW YORK STATE USBC W.B.A., INC. MEMORIAL FORM

Please print all information and send to the current chaplain as listed on this page

NAME OF LOCAL ASSOCIATION _____

NAME OF DECEASED _____ BOWLER _____ RELATIVE _____

Note: Attach Obituary if Available

DATE OF DEATH _____

Please submit the information below on next of kin so that we can send a card of condolence to them.

Name: _____ Relationship to deceased: __Friend__ Relative

Street: _____

City: _____ State: _____ Zip: _____

If you wish to make a donation in memory of the deceased, please make checks payable to Bowling Hall of Fame & Museum or Friends of NYS Scholarship Fund
Amount Enclosed: _____ Contributed by: _____ (Name or Association)

If you wish to send any comments regarding the deceased, please use reverse side of form
This form may be duplicated

Deadline for submitting names for the 2009-2010 season will be March 31, 2010.

Send to: Barbara Korycki, Chaplain, 1030 Pulaski Hwy., Goshen, NY 10924

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