

USBC Intercollegiate Singles Championships Athlete Biographical Information Sheet

Note: Please complete this form as thoroughly as possible. USBC Collegiate will use the information for press releases, media purposes and for inclusion in the USBC Intercollegiate Singles Championships program book. Please return this information sheet to USBC Collegiate, Communications Dept., 621 Six Flags Dr Arlington, TX 76011 or by faxing to Attn: USBC Collegiate Communications Dept. at (817)385-8260.

GENERAL INFORMATION

Name _____ Sex (circle one) Male Female
School _____ School Nickname _____
No. years on team _____ Year in College _____
Major _____ Year of graduation _____

Current Address _____
City _____ State _____ Zip _____
Telephone (____) _____ E-mail _____
Date of Birth (Month/Day/Year) ____/____/____ Height _____
Hometown (City, State) _____
High School Attended (City, State) _____
Hometown Daily Newspaper _____ City _____
Newspaper/E-Mail Address _____ Sports Editor _____

BOWLING INFORMATION

Current USBC membership: Adult Youth No. of years bowling _____
Do you bowl (Circle one) Left-handed Right-handed
Highest certified: Game _____ Three-game series _____ Average _____
If 300, how many? _____
Current Coach's name _____ Current Average _____
Have you participated at the Intercollegiate Singles Championships previously? _____
If so, list year (s) and finish _____

BOWLING ACCOMPLISHMENTS

Please list your bowling accomplishments and the year it was accomplished:

ATTACH ADDITIONAL INFORMATION ON SEPARATE SHEET OR LIST ON BACK.