

PRO BOWL
LBUERF PROGRAM
LEAGUE BOWLER UN-EMPLOYED RELEIF FUND
(This form must be filled out and sent to us each month)
Check Stub must accompany this form

Pro Bowl
Attention: LBUERF
2310 Lineville Rd.
Green Bay, WI 54313

Date ____/____/____

Bowler's Name _____

Company you're laid off from _____

Name of League or Leagues that you bowled in last season

_____ Night _____

_____ Night _____

Name of League or Leagues you are bowling in this season

_____ Night _____

_____ Night _____

Linage Amount \$ _____

Number of weeks this month X _____ = \$ _____

Linage Amount \$ _____

Number of weeks this month X _____ = \$ _____

~~~~~ Office Use Only ~~~~~

Received By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent out by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount \$ \_\_\_\_\_

Check Stub Verified \_\_\_\_\_