

# Hall of Fame

# Nomination Form

Contact Information

Name: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Years as certified bowler: (ABC/WIBC/USBC) \_\_\_\_\_

Years as member of local association: \_\_\_\_\_

*Deceased Nominees Only:*

Next of Kin: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_

Address: \_\_\_\_\_

For complete details of a individuals accomplishments, please email request to: [bowlinfo@bowl.com](mailto:bowlinfo@bowl.com)

Bowling & Administration

Career High Game: \_\_\_\_\_ Career High Average: \_\_\_\_\_ Career High Series: \_\_\_\_\_

Local Board Positions: (If applicable. Circle position(s) and include year(s) if known)

President \_\_\_\_\_ Vice President \_\_\_\_\_ Secretary/Treasurer \_\_\_\_\_ Manager \_\_\_\_\_ Director \_\_\_\_\_

State Board Positions: If applicable. Indicate state(s) and position(s), and include year(s) if known \_\_\_\_\_

League Officer Positions: (If applicable. Circle position(s), indicate league(s), and include year(s) if known)

President \_\_\_\_\_ Vice President \_\_\_\_\_ Secretary/Treasurer \_\_\_\_\_ Sergeant at Arms \_\_\_\_\_

League(s): \_\_\_\_\_

Check if for Meritorious Service \_\_\_\_\_ (if so, below information is optional)

USBC Awards: (Write number of awards if possible)

800 Series \_\_\_\_\_ 300 Game \_\_\_\_\_ 299 Game \_\_\_\_\_ 298 Game \_\_\_\_\_ 11 In-A-Row \_\_\_\_\_

All Star Team Selection: (Indicate years if known) \_\_\_\_\_

League High Average: (Indicate league name and season if known)

Local Tournament Participation: (Top-5 finishes. Include year(s) if known)

City: (Singles, Doubles, Team) \_\_\_\_\_

Regular Match Game \_\_\_\_\_

Senior Match Game \_\_\_\_\_

Other Tournaments & Miscellaneous awards: (Include all items, including but not limited to, nationals, state, years attended, service awards, pick-up awards, award clubs, League Championships, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Miscellaneous

Please include a Photo & provide as much detail as possible for each section of this nomination.

Nominated By: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_