

**Sheboygan USBC Women's Bowling Association  
Hall of Fame  
Nomination Forms**

If you are interested in submitting the name of a candidate for the Sheboygan USBC WBA Hall of Fame, please complete one of the attached forms and return it to any Sheboygan USBC WBA board member no later than March 1.

Extra forms are available at Sheboygan area bowling establishments.

Anyone can submit nominations in either of the two categories - **Superior Performance** or **Meritorious Service**.

Nominations are anonymously selected by the committee based on qualification requirements.

A Sheboygan USBC WBA member *shall be eligible* for consideration to the Meritorious category of the Hall of Fame while she is serving on the Board.

**INSTRUCTIONS FOR COMPLETING NOMINATION FORMS**

1. Complete the form to the best of your knowledge. Please print or type general information so that it is legible.
2. If the form does not provide adequate space to state the candidate's qualifications, attach additional information sheets to the nomination form.
3. Include as much information as possible about your nominee. Make it as detailed as possible.
4. *Nominations must be received by March 1.*
5. Give completed form to any Sheboygan USBC WBA board member or send it to:  
**Donna Den Boer, 144 School St. Kohler, WI 53044**

**HALL OF FAME GUIDELINES AND NOMINATION PAPERS ARE ATTACHED**

## **QUALIFICATIONS**

The Hall of Fame committee shall determine whether or not the candidates have the proper qualifications for nomination. Qualifications shall be for Meritorious Service or Superior Performance.

### **Meritorious Service**

- A. *Must be at least 45 years old*
- B. Service
- C. Contributions

### **Superior Performance**

- A. *Must be at least 45 years old*
- B. Must have accumulated a  
Minimum of 200 achievement  
points

## **ELECTION**

The *Hall of Fame Committee* shall anonymously select inductees based on qualification requirements. Those nominee(s) with the most points will be elected into the Hall of Fame for that year. In the event of a tie, the board will anonymously make the final decision. There will be no more than 4 nominees inducted annually.

## **AWARDS**

The inductee will receive a plaque from the Sheboygan USBC Women's Bowling Association and a certificate from the Wisconsin Women's Bowling Association. Your name will also appear on the Hall of Fame Honor Roll at the local and state levels.

## **EXPENSES**

The expenses of operating the Hall of Fame shall be borne by the Sheboygan USBC Women's Bowling Association.

## **AMENDMENTS**

The committee shall review and recommend any changes or amendments to the Hall of Fame Committee guidelines and present them to the Sheboygan USBC Women's Bowling Association Board of Directors.

**THE SHEBOYGAN USBC WOMEN'S BOWLING ASSOCIATION  
HALL OF FAME NOMINATION FORM**

**SUPERIOR PERFORMANCE CATEGORY**

- LIVING
- POSTHUMOUS (Please indicate date of death, name of closest living relative, and relationship to the deceased)

Name of candidate: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Number of years in SWBA \_\_\_\_\_

**Please indicate what the candidate has done for bowling (include dates and length of service)**

SWBA Board Offices held: \_\_\_\_\_

League Offices Held: \_\_\_\_\_

Volunteered in some capacity at Association events: \_\_\_\_\_

\_\_\_\_\_

Other valued service to the game of bowling: \_\_\_\_\_

\_\_\_\_\_

**Candidate's bowling accomplishments**

High Game: \_\_\_\_\_ Year \_\_\_\_\_ High Series \_\_\_\_\_ Year \_\_\_\_\_

High Averages: \_\_\_\_\_

All Star Team Years \_\_\_\_\_

**List SWBA tournaments won: (team, s/d, all events, County Match, 600 Club). Give events, year, and score.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Comments:**

(Candidate's Special Honors or Citations for bowling contributions not included in any of the above categories)

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone \_\_\_\_\_

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

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

PLEASE TURN IN TO DONNA DEN BOER, OR ANY BOARD MEMBER

Date Submitted: \_\_\_\_\_

**THE SHEBOYGAN USBC WOMEN'S BOWLING ASSOCIATION  
HALL OF FAME NOMINATION FORM**

**MERITORIOUS SERVICE CATEGORY**

- LIVING
- POSTHUMOUS (Please indicate date of death, name of closest living relative, and relationship to the deceased.)

Name of candidate: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Number of years in SWBA \_\_\_\_\_

**Please indicate offices held: (include date and length of service)**

Board offices held: \_\_\_\_\_

League offices held: \_\_\_\_\_

Volunteered in some capacity at association events: \_\_\_\_\_

Has contributed other valuable service to the game of bowling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General comments:** (Candidates special honors or citations or bowling contributions not included in any of the above categories)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Signature \_\_\_\_\_

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

Phone: \_\_\_\_\_

**PLEASE TURN IN TO DONNA DEN BOER, OR ANY BOARD MEMBER**