



## HALL OF FAME BOWLER NOMINATION / BIOGRAPHY FORM

To perpetuate the names of those Washington State USBC members who have and do display outstanding bowling ability and contribute through meritorious service to the general welfare and progress of the game of American Ten Pin Bowling. Any member of the WSUSBC may be nominated as a candidate to the Hall of Fame and be submitted in writing using this form. The candidate may be living or deceased.

### Nomination Requirements:

1. Completion of this Bowler Nomination/Biography Recognition Form in full with two (2) signatures.
2. Completed Bowler Nomination/Biography Form must be returned to the WSUSBC State Association Manager by **December 15**.

### Categories for Hall of Fame Induction:

1. Meritorious Service      \_\_\_\_\_ Living Adult      \_\_\_\_\_ Deceased (Go to Section A)
2. Superior Performance      \_\_\_\_\_ Living Adult      \_\_\_\_\_ Deceased (Go to Section B)

***Both Sections A & B must complete Section C***

### Eligibility Requirements:

A candidate for the Washington State USBC Hall of Fame must meet the following criteria:

1. Must be a minimum of 40 years of age for both Performance and Service categories as of July 1 of year nominated.
2. Must have minimum of ten (10) years participation in Washington State USBC Tournament(s) or in case of Meritorious Service – ten (10) or more years of service.
3. Must have been a member of USBC/ABC/WIBC for a minimum of ten (10) years.

### NOMINEE'S INFORMATION

NAME: \_\_\_\_\_ USBC Card #: \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_       LIVING:       DECEASED

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RESIDENT OF WASHINGTON STATE:      From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

COMPLETED IN LEAGUE BOWLING:      From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

LOCAL ASSOCIATION MEMBER:      From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Local Association: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Local Association: \_\_\_\_\_



**SECTION A:**

**BOWLING ASSOCIATION OFFICES HELD:**

NATIONAL: \_\_\_\_\_

STATE: \_\_\_\_\_

LOCAL: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

**YOUTH COACHING:**

NATIONAL: \_\_\_\_\_

STATE: \_\_\_\_\_

LOCAL: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

**SPECIAL SERVICE TO ASSOCIATIONS AND/OR BOWLERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CIVIC ACTIVITIES & SERVICE, LODGE AFFILIATIONS, ETC:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B:**

**TOURNAMENT COMPETITION:**

(List years competed and any achievements. Attach additional Sheets if needed)

WASHINGTON STATE OPEN: \_\_\_\_\_

WASHINGTON STATE WOMENS: \_\_\_\_\_

WASHINGTON STATE MIXED: \_\_\_\_\_

WASHINGTON STATE SENIOR: \_\_\_\_\_

WASHINGTON STATE QUEENS: \_\_\_\_\_

USBC OPEN CHAMPIONSHIP: \_\_\_\_\_

USBC WOMENS CHAMPIONSHIP: \_\_\_\_\_

USBC SENIOR CHAMPIONSHIP: \_\_\_\_\_

USBC MASTERS: \_\_\_\_\_

USBC SENIOR MASTERS: \_\_\_\_\_

USBC QUEENS: \_\_\_\_\_

USBC SENIOR QUEENS: \_\_\_\_\_



LOCAL ASSOCIATION OPEN: \_\_\_\_\_  
LOCAL ASSOCIATION WOMENS \_\_\_\_\_  
LOCAL ASSOCIATION MIXED: \_\_\_\_\_  
LOCAL ASSOCIATION SENIOR: \_\_\_\_\_  
YOUTH BOWLING: \_\_\_\_\_  
OTHER CERTIFIED TOURNAMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BOWLING ACHIEVEMENTS:**  
 HIGH AVERAGES: \_\_\_\_\_  
 HIGH SERIES: \_\_\_\_\_  
 HIGH GAMES: \_\_\_\_\_  
 HONOR SCORES: \_\_\_\_\_

**CIVIC ACTIVITIES & SERVICE, LODGE AFFILIATIONS, ETC:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION C:**

**RECOMMENDED BY:**

NAME: \_\_\_\_\_ USBC Card #: \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LOCAL ASSOCIATION MANAGER**

NAME: \_\_\_\_\_ USBC Card #: \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please list all other pertinent information on a separate sheet of paper**



**MAIL APPLICATION TO:** TYSON PAWLEY  
PO BOX 7135  
SPOKANE, WA 99207

**OR EMAIL TO:** wsusbc@comcast.net

**Association use only:**

1. **DATE APPLICATION RECEIVED:** \_\_\_\_\_
2. **DATE ELECTED TO HALL OF FAME:** \_\_\_\_\_
3. **DATE APPLICATION UPDATED:** \_\_\_\_\_

**NOTE:**

1. If not elected to Hall of Fame the State Association Manager will hold said applicant's nomination form to be reconsidered for up to five (5) years.
2. Application shall be updated by the original proposer or local association after three (3) years.
3. If elected the application shall be retained on file.