



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: _____

COMPETED 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



EMAIL TO: wsusbc@comcast.net

OR MAIL APPLICATION TO: BROOKE JOHNSON
5134 Stadium Ln SE G202
Olympia, WA 98501

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.