



**Operations Manual
Section 10 – Committees
D – Hall of Fame / Recognition**

BOWLER NOMINATION / BIOGRAPHY FORM

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 **January 1**. Mail completed form to: **WSUSBC, 2202 Summit Ave., Everett, WA 98201-3020**.

Categories for Hall of Fame Induction:

1. Living Adult.
2. Posthumous.

Eligibility Requirements:

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

1. Must be a minimum age of forty (40) as of July 1 of year nominated (Waived for posthumous category).
2. Must have minimum of ten (10) years participation in Washington State Tournament(s) or in case of Meritorious Service – ten (10) or more years of service.
3. Must have been an adult member of certifying or governing body of bowling for a minimum of ten (10) years (Waived for posthumous category).

NAME: _____ USBC Card #: _____ - _____

DATE OF BIRTH: ____/____/____ LIVING: _____ DECEASED: _____

RESIDENT OF
WASH. STATE:

From: _____ To: _____

From: _____ To: _____

COMPETED IN
LEAGUE BOWLING:

From: _____ To: _____

From: _____ To: _____

LOCAL ASSN
MEMBER:

From: _____ To: _____

From: _____ To: _____

(Name of Local Association)



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1. **TOURNAMENT COMPETITION:** (List years competed any achievements. Attach additional Sheets if needed)

WASH STATE TOURN: _____

WASH STATE MIXED TOURN: _____

WA STATE SENIOR TOURN: _____

NATIONAL TOURNAMENT: _____

2. **BOWLING ACHIEVEMENTS:**

HIGH AVERAGES: _____

HIGH SERIES: _____

HIGH GAMES: _____

HONOR SCORES: _____

3. **OFFICES HELD:** (Bowling)

NATIONAL: _____

STATE: _____

LOCAL: _____

LEAGUE: _____

4. **SPECIAL SERVICE TO
ASSOCIATIONS AND
BOWLERS/BOWLING**

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

6. **YOUTH BOWLING:**

7. **RECOMMENDED BY:**

(Requires two (2) Signatures)

1. _____

2. _____

(Date Submitted)



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Please Attach Bio Sheet(s) If Needed

DATE APPLICATION RECEIVED: _____

DATE ELECTED TO HALL OF FAME: _____

DATE APPLICATION UPDATED: _____

(NOTE: State Association Manager to retain file upon election of nominee)