



P.O. Box 112
Deer Park, WA 99006-0112
Web: www.spokanecountyusbc.com
E-mail: blough300@gmail.com
E-mail: spokaneusbc.assoc.manager@gmail.com
FB: facebook.com/SpokaneCountyUSBC/

Nomination Requirements:

1. Completion of this Bowler Nomination / Biography Form in full, with two (2) signatures supporting the nomination.
2. Completed Bowler Nomination / Biography Form must be returned to Spokane County USBC Association Manager by **February 1** in order to be considered for election to the Hall of Fame during the current year. **PLEASE NOTE:** Nominations received after that date will be carried over to the following year.

Categories for Hall of Fame Induction:

1. Superior Performance - Individual
2. Meritorious Service - Individual
3. Extraordinary Accomplishment or Recognition – Team or Other (e.g. Sponsor, Proprietor).

Eligibility Requirements:

A candidate for the Spokane County USBC Association Hall of Fame can be a living or posthumous (deceased) Adult meeting the following criteria:

1. Must be a minimum age of forty (40) as of July 1st of year nominated. (Waived for posthumous category)
2. Must have a minimum of ten (10) years of participation in our Spokane County Association Tournaments, or in case of Meritorious Service – ten (10) or more years of service to support the sport of bowling and/or contributions to the community.
3. Must have been an adult member of the certifying or governing body of bowling for a minimum of ten (10) years. (Waived for posthumous category)
4. Extraordinary Accomplishment or Recognition – Team – Team members must meet the individual requirements above, related to titles, and great accomplishments on and off the lanes to promote the sport of bowling at the Local, State, and/or National level. Others – Must meet the criteria of accomplishments done over and beyond to promote the sport of bowling related to the Local Association first, then the State, and/or National Level, and contributions to the community.

Return the completed form to the Hall of Fame Committee:

Vicki Frucci
10022 E 18th Avenue
Spokane Valley, WA 99206
Phone: 509-998-4174
E-mail: mvm101@comcast.net

or

Sandy Friberg
PO Box 93
Colbert, WA 99005
Phone: 509-238-6549
E-mail: sfriberg50@gmail.com



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_____ (Date of Nomination)

_____ (Nominee's Last Name, First Name)

Categories being nominated for:

___ Superior Performance ___ Living
___ Meritorious Service ___ Posthumous ___ Extraordinary Accomplishment or Recognition
 TEAM Other

NAME: _____ USBC Card # _____, (if applicable)

DATE OF BIRTH: _____ PHONE NO.: _____

ADDRESS: _____

COMPETED IN
LEAGUE BOWLING

From: _____ To: _____

From: _____ To: _____

LOCAL ASSOCIATION
MEMBER

From: _____ To: _____

From: _____ To: _____

_____ (Name of Local Association(s))

PERSONAL PARTICIPATION, ACHIEVEMENTS AND CONTRIBUTIONS TO COMMUNITY AND SPORT OF BOWLING

(If Extraordinary Accomplishment or Recognition, complete accordingly)

1. TOURNAMENT COMPETITION:

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

SPOKANE COUNTY USBC TOURNAMENT
(includes SBA and SWBA): _____

WASH STATE TOURNAMENT: _____

WASH STATE MIXED TOURNAMENT: _____

WASH STATE SENIOR TOURNAMENT: _____

NATIONAL TOURNAMENT: _____



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(Nominee's Last Name, First Name)

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 _____
SPORT OF BOWLING _____

5. CIVIC ACTIVITIES & SERVICE:

FELLOWSHIP CLUBS / LODGES: _____
COMMUNITY SERVICE CLUBS: _____
OTHER AFFILIATIONS, ETC: _____

6. YOUTH BOWLING:

BOWLING: _____
COACH: _____
REGISTERED VOLUNTEER (RVP): _____

7. ADDITIONAL PERSONAL INFORMATION

(Attach Additional Sheets)

8. RECOMMENDED BY:

*(Requires two (2) Signatures) and
Phone numbers or emails for any
questions we may have)*

1. _____
2. _____

Please attach additional Bio Sheet(s), if needed.



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_____ (Nominee's Last Name, First Name)

HALL OF FAME - APPLICATION PROCESSING

DATE APPLICATION RECEIVED / BY WHOM: _____ / _____

DATE RECEIVED BY HALL OF FAME COMMITTEE: _____

DATE ACKNOWLEDGEMENT OF APPLICATION RECEIVED IS SENT TO SUBMITTERS: _____

ACTION TAKEN BY HALL OF FAME COMMITTEE:
 (i.e. verified criteria, recommended to board, returned to submitter with reason and resubmission process)

DATE ELECTED BY BOARD TO HALL OF FAME: _____

DATE INDUCTED INTO HALL OF FAME: _____

Records:

If elected and inducted:

- _____ Original application retained by Association Manager
- _____ Copy retained by Hall of Fame Committee

If not elected and inducted:

- _____ Original returned to submitter
- _____ Copy retained by Hall of Fame Committee