



Awards and Recognition – Hall of Fame Nomination Form

York-Adams USBC Hall of Fame

Nomination Form (Please TYPE all information)

TO BE ELIGIBLE FOR NOMINATION TO THE HALL OF FAME, A CANDIDATE MUST MEET THE FOLLOWING REQUIREMENTS:

- A. Attained the age of forty (40) years of age.
- B. Been a member of the York-Adams USBC (or its predecessors) for a minimum of twenty (20) years. Note: Youth membership does not apply towards the requirement.
- C. Excelled in the sport of bowling and sportsmanship or distinguished service to the sport of bowling.
- D. Anyone currently under suspension by the United States Bowling Congress shall not be considered.

Note: Notwithstanding the foregoing eligibility requirements, the Hall of Fame Board may waive any or all of them by 90% vote when there are unusual circumstances or accomplishments.

NAME OF NOMINEE _____ DATE OF BIRTH _____

COMPLETE MAILING ADDRESS (Street) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ BOWLER USBC ID# _____

FAMILY STATUS: SINGLE MARRIED

IF DECEASED, PROVIDE MONTH AND YEAR OF DEATH _____

SPOUSE'S NAME _____ # OF YEARS IN ORGANIZED BOWLING _____

EMPLOYER _____ OCCUPATION _____

NOMINATED FOR: (Check One)

BOWLING ACHEIVEMENT MERITORIOUS SERVICE



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BOWLING ACHIEVEMENTS

SANCTIONED 300 GAMES _____ SANCTIONED 800 SERIES _____

SANCTIONED 700 SERIES _____

HIGHEST SANCTIONED GAME _____ HIGHEST THREE GAME SERIES _____

HIGHEST AVERAGE (66 GAMES OR MORE) _____

NUMBER of TOURNAMENT PARTICIPATION

YORK-ADAMS USBC TOURNAMENTS: OPEN _____ WOMEN'S _____

 SENIOR _____ MIXED _____

STATE TOURNAMENTS: OPEN _____ WOMEN'S _____

 SENIOR _____ MIXED _____

ABC/WIBC/USBC TOURNAMENTS: OPEN _____ WOMEN'S _____

 SENIOR _____ MIXED _____

BOWLING ATTAINMENTS:

BOWLING HONORARIUMS:



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BOWLING ACCOMPLISHMENTS:

MERITORIOUS SERVICE

LEAGUE OFFICES HELD:

LOCAL ASSOCIATION OFFICES HELD:

STATE ASSOCIATION OFFICES HELD:

NATIONAL ASSOCIATION OFFICES HELD:



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CONTRIBUTIONS TO YAUSBC ACTIVITIES:

BOWLING PROMOTION ACHIEVEMENTS:

NOMINATOR INFORMATION

NAME OF PERSON MAKING NOMINATION _____

COMPLETE MAILING ADDRESS: (Street) _____

CITY _____ STATE _____ ZIP _____

PHONE #: Day () _____ Night () _____

SIGNATURE _____ DATE SUBMITTED _____

NOMINEE SIGNATURE _____

Forms must be received by **NOTE:** Use above boxes for submitted information. **DO NOT SEND ADDITIONAL SHEETS.** Nomination August 1st. All names submitted after that date will not be considered until the following year.



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Send completed forms to:

Richard Sanders

Hall of Fame Secretary

120 W. Crest View Ln.

Gettysburg, PA 17325

Office use only.

Received by: _____

REV. 2016