

# Hall of Fame Nomination Form



All nominations are due March 31, of the nomination year to be considered for induction in the Hall of Fame at the Annual Bowler's Banquet. Additional pages may be used if needed.

## HALL OF FAME NOMINATION CATEGORY – PLEASE SELECT ONE

- Achievement (Nomination based on bowling achievements)
- Service (Nomination based on service to bowling such as a board member, league officer, coach, volunteer, etc)
- Achievement and Service (Combination of Achievement and Service listed above)

## NOMINEE INFORMATION

Name of Nominee: \_\_\_\_\_  
Last Name                      First Name                      Maiden/Middle Name

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_  
City                      State                      Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

USBC Membership # \_\_\_\_\_

Kaw Valley USBC Member \_\_\_\_\_ years

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## ACHIEVEMENTS

Highest season league average \_\_\_\_\_

Highest certified game \_\_\_\_\_

Highest certified series \_\_\_\_\_

Number of certified 300 games \_\_\_\_\_

Number of certified 800 series \_\_\_\_\_

Number of certified 700 series (women/seniors only) \_\_\_\_\_

Number of certified 275 games (women/seniors only) \_\_\_\_\_

Bowler of the year: Yes / No If yes, number of years \_\_\_\_\_

Participated in Top 10: Yes / No If yes, number of years \_\_\_\_\_

National, State, City tournament titles:

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Other achievement/awards:

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## SERVICE WITH KAW VALLEY USBC

### Local Association

Association Name	Office Held	Years	Committee Chair
Describe the nominee's involvement with the local association board.			

### State Association

Association Name	Office Held	Years	Committee Chair
Describe the nominee's involvement with the state board.			

### League Officer

League Name	Office Held	Years	Bowling Association

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## Coaching (youth, high school, etc)

Type of Coach	Years	Location

Describe the impact the nominee has made with coaching.

Served as a delegate to –

State USBC Yes/No If yes, number of years \_\_\_\_\_

National USBC Yes/No If yes, number of years \_\_\_\_\_

### OTHER

Please list additional information about the nominee the Hall of Fame selection committee should consider when evaluating the nomination such as service with another bowling association, state bowling association, national bowling association, or something not listed on the nomination form.

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**Please provide as much documentation as possible to substantiate information provided on this nomination. The more detail provided will assist the Hall of Fame selection committee when considering the nomination.**

**NOMINEE VERIFIES INFORMATION ON THIS NOMINATION FORM IS COMPLETE AND AS ACCURATE AS POSSIBLE –**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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## INFORMATION ABOUT NOMINATOR:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Current Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### **PLEASE RETURN THE COMPLETED FORM TO:**

Kaw Valley USBC Association  
Attention: Hall of Fame Committee  
4511 SE Oak Bend Dr - Berryton, KS 66049