



**Operations Manual**  
**Section XI - Committees**  
**D - Hall of Fame / Recognition**

**BOWLER NOMINATION / BIOGRAPHY FORM**

**Nomination Requirements:**

1. Completion of this Bowler Nomination /Biography 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, P.O. Box 920, Kelso, WA 98626**.

**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*).

\_\_\_\_\_ (Date)

NAME: \_\_\_\_\_ USBC Card #: \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ LIVING: \_\_\_\_\_ DECEASED: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

**RESIDENT OF WASH. STATE:** From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**COMPETED IN LEAGUE BOWLING:** From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**LOCAL ASSN MEMBER:** From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_



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[Name of Local Association(s)]

1. **TOURNAMENT COMPETITION:** *(List years competed and 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. \_\_\_\_\_



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**Please Attach Bio Sheet(s) If Needed**

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DATE APPLICATION RECEIVED: \_\_\_\_\_

DATE ELECTED TO HALL OF FAME: \_\_\_\_\_

DATE APPLICATION UPDATED: \_\_\_\_\_

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