



Hall of Fame Nomination Form



(Please type or print) Attach additional page(s) if needed for achievements, characteristics, and any comments.

Check a category: Superior Performance (Male) ____ (Female) ____
Meritorious Service (Male) ____ (Female) ____

Name of Candidate: _____

*Address: _____ City: _____ State: _____

*Phone #: _____ USBC Bowler ID: _____

* Email Address: _____

*Marital Status: Married _____ Spouse's Name: _____

Single _____ Posthumous Nomination? ____ Yes ____ No

Widow/Widower _____

***Note – PLEASE DELETE THIS INFORMATION IF POSTHUMOUS NOMINATION**

Date of Birth: _____ Place of Birth: _____

of Years in the St Joseph, MO, USBC Association _____ (Must be 5 or more)

of Years a member of USBC (ABC/WIBC) _____

of Years participated in city tournaments _____ (Must be 5 or more)

Nominator: _____

Address	City	State	Zip Code
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Phone #: _____ Signature: _____

Nominator Email: _____

Recommended By: _____ (St Joseph USBC Board Member)

Please state why you think this individual should be considered as a candidate for the St Joseph, MO, USBC Hall of Fame. Achievements of Candidate: (High scores, Averages, Positions Held), characteristics of Candidate: (Personality, Leadership, Dedication), outstanding record in bowling, sportsmanship, distinguished service to the sport.

Nominations must be returned to St. Joseph Board of Director by May 31st.