

AUGUSTA USBC ASSOCIATION

HALL OF FAME NOMINATION FORM

DATE _____

BLAZER SIZE _____

THIS FORM MUST BE SUBMITTED TO THE AUSBKA HALL OF FAME CHAIRPERSON NO LATER THAN JANUARY 1ST, YEARLY.

1. **CATEGORY:**
SUPERIOR PERFORMANCE _____ **MERITORIOUS SERVICE** _____ **POSTHUMOUS** _____
(IF POSTHUMOUS, LIST DATE OF DEATH AND NEXT OF KIN) _____

2. NAME OF CANDIDATE: _____
3. ADDRESS _____
4. DATE AND PLACE OF BIRTH _____
5. NUMBER OF YEARS A MEMBER OF THE AUGUSTA USBC BOWLING ASSOCIATION (AT LEAST 10)

6. NUMBER OF YEARS AS A SANCTIONED BOWLER _____
7. CONTRIBUTIONS IN PROMOTING AND FOSTERING THE GAME OF AMERICAN TEN PINS WITHIN THE AUGUSTA USBC BOWLING ASSOCIATION
ACHIEVEMENTS: _____

OFFICES HELD AND YEARS: _____

DIRECTORS/DELEGATE AND YEARS: _____

COMMITTEE ASSIGNMENTS: _____

8. HISTORY OF PARTICIPATION AND ACHIEVEMENTS IN THE AUSBKA CITY TOURNAMENT:
YEARS OF PARTICIPATION (AT LEAST 10) _____
ACHIEVEMENTS: _____

9. DESCRIBE HOW THE NOMINEE HAS MET THE FOLLOWING QUALIFICATIONS:

LEADERSHIP

QUALITIES: _____

DEDICATION TO THE SPORT OF

BOWLING: _____

DEMONSTRATED SPORTSMANSHIP AND INTEGRITY DURING THE PURSUIT OF BOWLING:

NAME OF NOMINATOR: _____

ADDRESS OF NOMINATOR: _____

PHONE NUMBER _____

NOTE: NOMINEES THAT ARE NOT SELECTED FOR ENTRY TO THE HALL OF FAME WILL REMAIN ON FILE TO BE CONSIDERED FOR THREE (3) YEARS.

ADDITIONAL SHEETS OF PAPER MAY BE USED IF NEEDED.

HALL OF FAME CHAIRPERSON

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