

Pennsylvania State USBC Hall of Fame

Nomination Form (Please TYPE all information)

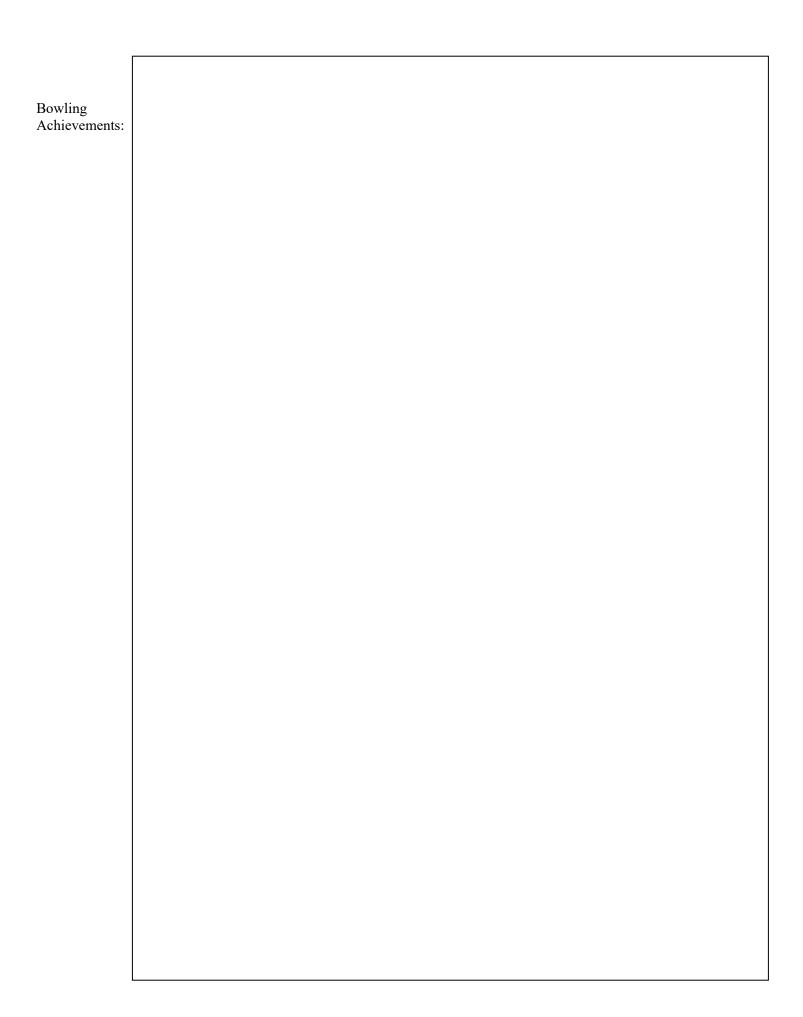
TO BE ELIGIBLE FOR NOMINATION TO THE HALL OF FAME, A CANDIDATE MUST HAVE:

- A. Attained the age of forty-five (45) years of age.
- B. Participated in PA State Tournaments for a minimum of 10 years or been a member of a PA Local bowling association for a minimum of 10 years.
- C. Established a reputation as a bowler through bowling achievement and promoting good sportsmanship throughout the game.
- D. Exhibited distinguished service in the promotion of the game of bowling for the PA State USBC or its predecessors.

Anyone currently under suspension by the United States Bowling Congress shall not be considered.

Notwithstanding the foregoing eligibility requirements, the Election Committee may waive any or all of them by a unanimous vote when there are unusual circumstances or accomplishments.

			1			
NAME OF NOMINEE	DMINEEDATE OF BIRTH					
COMPLETE MAILING ADDRESS (S	treet)					
CITY	_ STATE	ZIP	EMAIL			
TELEPHONE NUMBER ()	I	BOWLER USBC	ID#			
FAMILY STATUS: SINGLE 🔿 MAR	RIED O IF DE	CEASED, GIVE	MONTH & YEAR OF DEATH			
SPOUSE'S NAME	NUI	MBER OF YEAF	RS IN ORGANIZED BOWLING			
EMPLOYER	OCCUPATION					
NOMINATED FOR: (Check One) BO	WLING ACHIEVI	EMENT ()	MERITORIOUS SERVICE O			
BOWLING ACHIEVEMENT						
SANCTIONED 300 GAMES	SANCTIONED 8	00 SERIES	SANCTIONED 700 SERIES			
HIGHEST GAME HIGHEST	3 GAME SERIES	HIGHES	ST AVERAGE (66 Games or more)			
<u>T0</u>	OURNAMENT P	<u>ARTICIPATIO</u>	ON YEARS			
PA STATE TOURNAMENTS: OPEN	WOME	N'S SF	ENIOR MIXED			
ABC/WIBC/USBC TOURNAMENTS	: OPEN	WOMEN'S	SENIOR MIXED			
Bowling Honorariums:						



MERITORIOUS SERVICE

League Offices Held:		
Local Assoc. Offices Held:		
State Offices Held:		
National Offices Held:		
Contributions To State Activities:		

Bowling Promotion Achievements:				
Achievements:				
	NOMIN	ATOR INFORMATION	r	
NAME OF DEDCOM	MAKING NOMINATION	ATOKINFORMATION		
				_
	NG ADDRESS: (Street)			_
			ZIP	
PHONE #: Day (_)	Night ()_		
LOCAL BOWLING	ASSOCIATION			
SIGNATURE		DATE SUBMITTED:		
NOMINEE SIGNAT	URE (optional)			
			ADDITIONAL SHEETS. I after that date will not be cons	idered
and the following	cui.			
Send completed forms to			Office use only.	
	1096 Skyview Dr	Iall of Fame Chair	Received by:	_
	Milton PA 17847 570-490-5029			

shoffman@bowlpa.com

Date: _