



Pennsylvania State USBC Hall of Fame Superior Performance 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 years by the application deadline, unless deceased.
- B. For the Veterans Category, obtained the age of 65 by the application deadline.
- C. Participated in PAUSBC tournaments for a minimum of ten years or been a member of a PA State USBC local association for a minimum of ten years.
- D. For Superior Performance must have a reputation as a bowler through bowling achievement and promoting good sportsmanship throughout the game.
- E. For Meritorious Service must have exhibited distinguished service in the promotion of the sport of bowling at the local, state or national level.
- F. Anyone currently under suspension by the United States Bowling Congress shall not be considered.

NAME OF NOMINEE _____ DATE OF BIRTH _____

COMPLETE MAILING ADDRESS (Street) _____

CITY _____ STATE _____ ZIP _____ BOWLER USBC ID# _____

TELEPHONE NUMBER (____) _____ EMAIL _____

IF DECEASED, (MONTH/YEAR OF DEATH) ____/____ # OF YEARS IN ORGANIZED BOWLING _____

NOMINATED FOR: SUPERIOR PERFORMANCE ☐ VETERAN'S AWARD SUPERIOR PERFORMANCE ☐

STATISTICAL INFORMATION

CERTIFIED 300 GAMES _____ CERTIFIED 800 SERIES _____ CERTIFIED 700 SERIES _____

HIGHEST GAME _____ HIGHEST 3 GAME SERIES _____ HIGHEST AVG (66 Games or more) _____

TOURNAMENT PARTICIPATION HISTORY (Years)

PA STATE TOURNAMENTS: OPEN _____ WOMEN'S _____ SENIOR _____ MIXED _____

MASTERS _____ QUEENS _____

ABC/WIBC/USBC TOURNAMENTS: OPEN _____ WOMEN'S _____ SENIOR _____

BOWLING HONORARIUMS & MAJOR ACHIEVEMENTS:

(Detail major tournament titles and achievements, local HOF Inductions, regional titles, special awards, local tournament titles and achievements, etc.) (Continue page 2 if needed)

NOMINATOR INFORMATION

NAME OF PERSON MAKING NOMINATION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ EMAIL _____

LOCAL BOWLING ASSOCIATION _____

SIGNATURE _____ DATE SUBMITTED _____

NOMINEE SIGNATURE (optional) _____

NOTE: Use the above boxes for submitted information. **DO NOT SEND ADDITIONAL SHEETS.** Nomination forms **must be received by December 31st**. All names received after that date will not be considered until the following year.

Send completed forms to: **Sheri Pencak**
PA State USBC Hall of Fame Chair
1095 Skyview Dr
Milton PA 17847
570-490-5029
spencak@bowlpa.com

Office use only.

Received by: _____

Date: _____