

## Pennsylvania State USBC Hall of Fame

Nomination Form (Please TYPE all information)

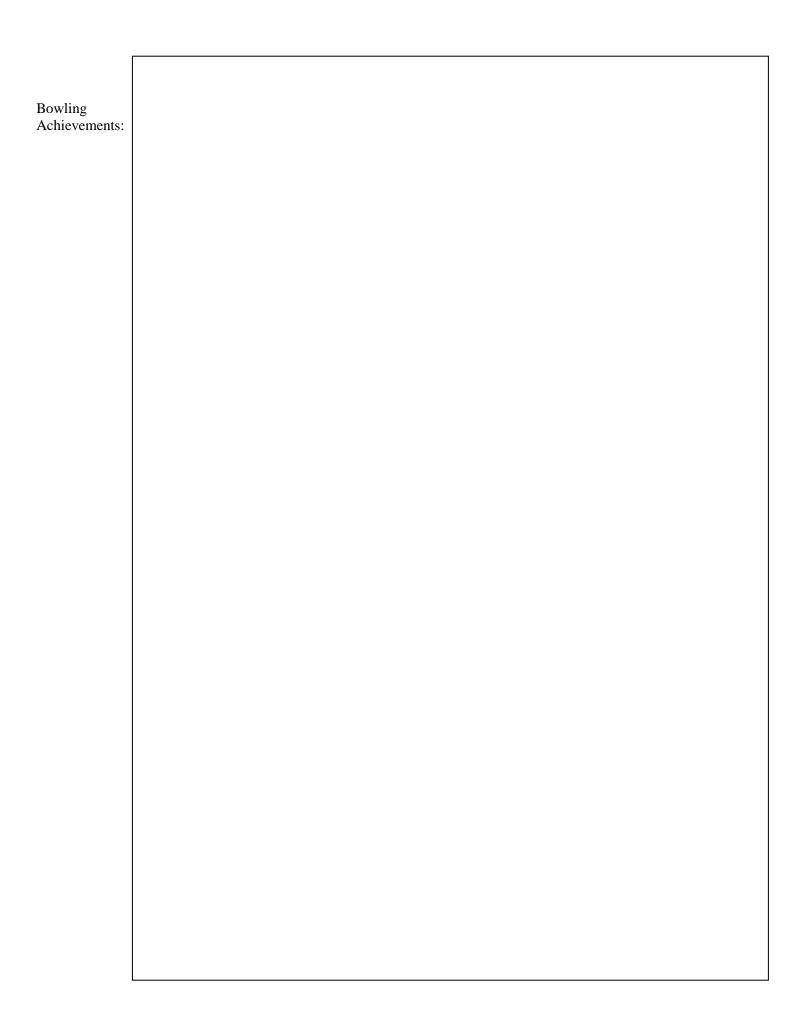
TO BE ELIGIBLE FOR NOMINATION TO THE HALL OF FAME, A CANDIDATE MUST HAVE:

- 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.

NAME OF NOMINEE			DATE OF BIRTH				
COMPLETE MAILING ADDRESS (Street)							
CITY	_ STATE	ZIP	EMAIL				
ELEPHONE NUMBER () BOWLER USBC ID#							
FAMILY STATUS: SINGLE O MARRIED O IF DECEASED, GIVE MONTH & YEAR OF DEATH							
SPOUSE'S NAME NUMBER OF YEARS IN ORGANIZED BOWLING							
EMPLOYER	OCCUPATION						
NOMINATED FOR: (Check One) BO	WLING ACHIE	EVEMENT ()	MERITORIOUS SERVICE O				
BOWLING ACHIEVEMENT							
SANCTIONED 300 GAMES SANCTIONED 800 SERIES SANCTIONED 700 SERIES							
HIGHEST GAME HIGHEST 3 GAME SERIES HIGHEST AVERAGE (66 Games or more)							
TOURNAMENT PARTICIPATION YEARS							
PA STATE TOURNAMENTS: OPEN	WON	MEN'S SE	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:					
	NOMINA	ATOR INFORMAT	TON		
NAME OF PERSON M.		YIOK II YI OKMAI	1011		
COMPLETE MAILING	ADDRESS: (Street)				
CITY		_ STATE	ZIP _		
PHONE #: Day ()		Night (	)		
LOCAL BOWLING AS	SOCIATION				
SIGNATURE DATE SUBMITTED:					
NOMINEE SIGNATUR	E (optional)				
	boxes for submitted inform st be received by December llowing year.				
Send completed forms	to: Sheri Hoffman PA State USBC H 1095 Skyview Dr Milton PA 17847 Phone: 570-490-50 eMail: shoffman@	)29		Office use only.  Received by:  Date:	