



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). Veteran's category must attain the age of sixty-five (65).
- 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 _____

TELEPHONE NUMBER (____) _____ BOWLER USBC ID# _____

FAMILY STATUS: SINGLE MARRIED IF DECEASED, GIVE MONTH & YEAR OF DEATH _____

SPOUSE'S NAME _____ NUMBER OF YEARS IN ORGANIZED BOWLING _____

EMPLOYER _____ OCCUPATION _____

NOMINATED FOR: (Check One) BOWLING ACHIEVEMENT MERITORIOUS SERVICE

PIONEER AWARD VETERAN'S AWARD BOWLING ACHIEVEMENT (MUST ATTAIN THE AGE OF 65)

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 _____ WOMEN'S _____ SENIOR _____ MIXED _____

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

Bowling
Honorariums:

Bowling
Achievements:

MERITORIOUS SERVICE

League
Offices Held:

Local Assoc.
Offices Held:

State Offices
Held:

National
Offices Held:

Contributions
To State
Activities:

Bowling
Promotion
Achievements:

NOMINATOR INFORMATION

NAME OF PERSON MAKING NOMINATION _____

COMPLETE MAILING ADDRESS: (Street) _____

CITY _____ STATE _____ ZIP _____

PHONE #: Day (____) _____ Night (____) _____

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 (Hoffman) Pencak**
PA State USBC Hall of Fame Chair
1095 Skyview Dr
Milton PA 17847
570-490-5029
shoffman@bowlpa.com

Office use only.

Received by: _____

Date: _____