York-Adams USBC Hall of Fame

Nomination Form (Please TYPE all information)

TO BE ELIGIBLE FOR NOMINATION TO THE HALL OF FAME, A CANDIDATE MUST MEET THE FOLLOWING REQUIREMENTS:

- A. Attained the age of forty (40) years of age.
- B. Been a member of the York-Adams USBC (or its predecessors) for a minimum of twenty (20) years. Note: Youth membership does not apply towards the requirement.
- C. Excelled in the sport of bowling and sportsmanship or distinguished service to the sport of bowling.
- D. Anyone currently under suspension by the United States Bowling Congress shall not be considered.

Note: Notwithstanding the foregoing eligibility requirements, the Hall of Fame Board may waive any or all of them by 90% vote when there are unusual circumstances or accomplishments.

NAME OF NOMINEE	DATE OF BIRTH			
COMPLETE MAILING ADDRESS (Street)				
	STATE ZIP			
TELEPHONE NUMBER ()	BOWLER USBC ID#			
FAMILY STATUS: SINGLE O MARRIED O				
IF DECEASED, PROVIDE MONTH AND YEAR OF DEATH				
SPOUSE'S NAME				
# OF YEARS IN ORGANIZED BOWLING				
EMPLOYER	OCCUPATION			
NOMINATED FOR: (Check One)				
BOWLING ACHEIVEMENT O MERITORIOUS SERVICE O				
BOWLING ACHIEVEMENTS				
# of CERTIFIED 300 GAMES	# of CERTIFIED 800 SERIES			
# of CERTIFIED 700 SERIES	(Women Only)			
HIGHEST CERTIFIED GAME	HIGHEST THREE GAME SERIES			
HIGHEST CERTIFIED LEAGUE AVERAGE (66 GAMES OR MORE)				

Last Revised: 08/01/2022



NUMBER of TOURNAMENT PART	<u>ICIPATION</u>	
YORK-ADAMS USBC TOURNAMENTS:	OPEN	WOMEN'S
	SENIOR	
STATE TOURNAMENTS:	OPEN	WOMEN'S
	SENIOR	MIXED
USBC NATIONAL TOURNAMENTS:	OPEN	WOMEN'S
	SENIOR	
DOWLING ATTAINMENTS:	SEIVION	WINED
BOWLING ATTAINMENTS:		
BOWLING HONORARIUMS:		
BOWLING ACCOMPLISHMENTS:		

Last Revised: 08/01/2022



MERITORIOUS SERVICE		
LEAGUE OFFICES HELD:		
LOCAL ASSOCIATION OFFICES HELD:		
STATE ASSOCIATION OFFICES HELD:		
NATIONAL ASSOCIATION OFFICES HELD:		
CONTRIBUTIONS TO YAUSBC ACTIVITIES:		

Last Revised: 08/01/2022



BOWLING PROMOTION ACHIEVEMENTS:	
NOMINATOR INFORMATION	
NAME OF PERSON MAKING NOMINATION _	
COMPLETE MAILING ADDRESS: (Street)	
CITY STATE	
PHONE #: Day ()	Night ()
SIGNATURE	DATE SUBMITTED
NOMINEE SIGNATURE	
NOTE: Use the above boxes for submitted info	rmation. DO NOT SEND ADDITIONAL
All nominations must be received by Augus after that date will not be considered until the fo	
Send completed forms to:	
York-Adams USBC HOF Chair 2501 Catherine St, Suite 2 York, PA 17408	
	Office use only.
	Received by: