

**SOUTHERN TN USBC
HALL OF FAME
NOMINATION FORM FOR MERITORIOUS SERVICE**

DEADLINE for SUBMISSION – 2ND FRIDAY OF APRIL OF THE CURRENT SEASON

THE NOMINEE MUST HAVE BOWLED IN THE STNUSBC OR ONE OF IT'S PREDECESSORS FOR AT LEAST 10 YEARS AND MUST BE 40 YEARS OR OLDER.

SECTION I: PERSONAL INFORMATION

Name of Nominee: _____ Living or Deceased: _____

Mailing Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: (____) ____ - _____

Marital Status: Single _____ Married _____ Spouse's Name: _____

If nominated posthumously, enter name and phone number of nearest relative below:

Name of relative: _____ Phone: (____) ____ - _____

Gender: _____ (female or male)

Number of years as a member of the Southern TN USBC: _____

***** You must complete all of the sections below or the application will be rejected and returned as incomplete. *****

SECTION II: SERVICE HISTORY

A. List any TN State offices held and years: (must be or have been within the jurisdiction of TN TN State USBC or its predecessors.)

B. List local association offices held and years: (must be or have been within the jurisdiction TN State USBC or its predecessors):

C. National offices held and years: _____

D. List all committees that the nominee has served on state or local associations: (must be or have been within the jurisdiction TN State USBC or its predecessors):

F. In a minimum of 50 words describe what contributions the nominee has made or how the nominee has promoted the sport of bowling within the jurisdiction of the Southern TN USBC.

G. Other bowling or community related volunteer activities:

Attach additional pages if needed to the last page of this form.

NOTE: Incomplete forms will be rejected and returned to nominator.

Name of person making nomination: _____

Mailing Address: _____ City _____ Zip _____

Phone number: (____) ____ - _____

Signature: _____ Date: _____

THIS FORM PLUS ANY ADDITIONAL DOCUMENTATION MUST BE RECEIVED BY THE SOUTHERN TN USBC ASSOCIATION BY THE 2ND FRIDAY IN APRIL OF THE CURRENT SEASON

Submit completed forms to:

Southern TN USBC Board member OR

southerntnusbc@outlook.com AND rhonda_27611@msn.com

FOR OFFICE USE ONLY:

Date received: _____ Date Application sent to Committee: _____

Current status: _____ Elected: _____ Year 1 Reconsideration: _____ Year 2 Reconsideration

**SOUTHERN TN USBC
HALL OF FAME
NOMINATION FORM FOR SUPERIOR PERFORMANCE**

DEADLINE for SUBMISSION – 2ND FRIDAY IN APRIL OF CURRENT SEASON

THE NOMINEE MUST HAVE A MINIMUM OF 10 HONOR SCORE AWARDS TO THEIR CREDIT AND 10+ YEARS OF OUTSTANDING PARTICIPATION THE SOUTHERN TN USBC TO BE CONSIDERED FOR NOMINATION IN THE SUPERIOR PERFORMANCE CATEGORY.

SECTION I: PERSONAL INFORMATION

Name of Nominee: _____ Living or Deceased: _____

Mailing Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: (____) ____ - _____

Marital Status: Single _____ Married _____ Spouse's Name: _____

If nominated posthumously, enter name and phone number of nearest relative below:

Name of relative: _____ Phone: (____) ____ - _____

Gender: _____ (female or male)

Number of years as a member of the STNUSBC or one of its predecessors: _____.

Local Association that the Nominee belongs to: _____

***** You must complete all of the sections below or the application will be rejected and returned as incomplete. *****

SECTION II: OUTSTANDING PERFORMANCE

A. In a minimum of 100 words, state why you think this individual should be considered as a candidate for induction into the STNUSBC Hall of Fame based on his/her performance in bowling. (Attach additional sheet if necessary)

B. Number of: Sanctioned/Certified 300 games: _____
 Sanctioned/Certified 800 series: _____
 Females only Sanctioned/Certified 275 - 297 games: _____
 300 games: _____
 Females only Sanctioned/Certified 700-799 series: _____
 800 series: _____

C. TN State Championship tournaments Nominee has bowled in: _____ (number)
 Number of state championships won _____ (NOTE: List Dates and Events won on separate sheet)

D. Has bowled in ABC, WIBC or USBC National Tournaments: _____ (number)
 Number of national championships won _____ (NOTE: List Dates and Events won on separate sheet)

E. Number of local championships won _____ (Note: List Dates and Events won on separate sheet.)

F. Career Highs: Average _____ Series _____ Game _____

NOTE: Incomplete forms will be rejected and returned to nominator.

Name of person making nomination: _____
 Mailing Address: _____ City _____ Zip _____
 Phone number: (____) ____ - _____
 Signature: _____ Date: _____

**THIS FORM PLUS ANY ADDITIONAL DOCUMENTATION MUST BE
 RECEIVED BY THE STNUSBC ASSOCIATION BY THE 2ND
FRIDAY
OF APRIL, OF THE CURRENT SEASON**

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