Madison County USBC Bowling Association

	Hall Of Fa	ame
	Nomination	Form
Person Being Nomina		
Address:		
City:	State:	Zip Code:
Dhomas		Date of Birth:
If Nominee is Decease	ed:	
Person to Contact if In	ducted:	
Relationship to Nomir	nee:	
Phone:	Date o	f Death:
Nome of Derson Sub-	itting Nomination.	
Name of Person Subm Address:	nuing Nomination:	
City:	State:	Zip Code:
Dhamas		Zip code
Signatura		Date:
.		Be Placed In: (check all that apply)
Superior Performance		eritorious Service
Friend of Bowling	Ve	teran
Awards and Achieven awards, etc.):	nents (including but not limit	ited to league awards, tournament

Involvement with Bowling Groups, Organizations and This Association:

Madison County USBC Bowling Association

Characteristics of Nominee (personality, leadership qualities, dedication, etc.):

Please complete the questionnaire below about the person being nominated by answering with the number of years this person has completed each of the following:

Number of years bowling in the Madison County Bowling Association:

League/Association offices held:

Association Board:

Years as Board President: Years as Board Vice President: Years as Association Manager: Years as Sgt. Of Arms:

Years as Director:

League: Years as President: Years as Vice President: Years as Secretary/Treasurer: Years as Sgt. Of Arms:

Number of years supporting media for the association (ie. website maintenance): Number of years bowling in a Sanctioned League:

Number of years in the promotion of bowling (ie. writing articles, newsletters):

Bowling Performance:

Number of years with an average of:

250-300: 200-249: 150-199:

100-149: 1-99:

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Bowling scores:
Number of 300 games:
Number of 299/298 games:
Number of 800 series:
Number of 700 series:
Number of league high average:
Number of league high game:
Number of league high series:



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Reasons you feel why this person deserves to be elected into the Madison County USBC Bowling Hall of Fame:

Additional pages may be attached to include any additional information that should be considered by the selection committee. All information entered on this form will be verified by the MCBA Hall of Fame Committee.