

Indiana State USBC Hall of Fame

Nominee Information Form



Date Submitted:				
Name of Nominee:				
Date of Birth:		Living:	Yes	No
Association		_		
Hall of Fame nominee in	nformation must be	completed	d on thi	s form.
Nominations to the Indiana St categories. Please indicate the		nust be mad	le from th	ne following
Submission Category:				
□ Performance	□ Service	□Sp	ecial Red	cognition
Summary of Achieveme this person is deserving of this	-			ou believe

accomplishments. (Details can be provided on page 2 of this form.)

Details of Achievements Local Association Hall of Fame Honors Yes, Induction Year	□ No	INDIANA STATE

The IS USBC Association Manager must receive the Completed Nominee Information Form postmarked no later than **October 1**, **2019** Any forms not postmarked by this date will be returned unopened. Questions should be directed to Brian Nunning, Association Manager, at (812) 629-0352 or Brian.Nunning@IndianaStateUSBC.org

Submitted by: _____ Association: ____

Indiana State USBC Hall of Fame information form 2755 Lake Pine Path, Apt. 223 Saint Joseph, MI 49085



INDIANA STATE USBC CONTACT INFORMATION SHEET FOR HALL OF FAME NOMINEE

Date
Name:
Address:
City:
State:
Zip Code:
Phone Number: ()
Email

A completed Contact Information Sheet is required for resume to be considered for review. This information is necessary for the Indiana State USBC to request additional information or to update the candidate's resume.

If nominee is deceased, list name and address of individual to contact.



INDIANA STATE USBC CONTACT INFORMATION SHEET FOR NOMINATOR

Date
Name:
Address:
City:
State:
Zip Code:
Phone Number: ()
Email

A completed Contact Information Sheet is required for resume to be considered for review. This information is necessary for the Indiana State USBC to request additional information.