



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 information must be completed on this form.**

Nominations to the Indiana State USBC Hall of Fame must be made from the following categories. Please indicate the submission category:

**Submission Category:**

**Performance**

**Service**

**Special Recognition**

**Summary of Achievements.** Provide a summary paragraph of why you believe this person is deserving of this honor and provide a bulleted list of major accomplishments. (Details can be provided on page 2 of this form.)

Details of Achievements  
Local Association Hall of Fame Honors...

Yes, Induction Year \_\_\_\_\_

No



Submitted by: \_\_\_\_\_ Association: \_\_\_\_\_

The IS USBC Association Manager must receive the Completed Nominee Information Form postmarked no later than **October 1**. 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](mailto:Brian.Nunning@IndianaStateUSBC.org)

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 \_\_\_\_\_

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

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.



**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.