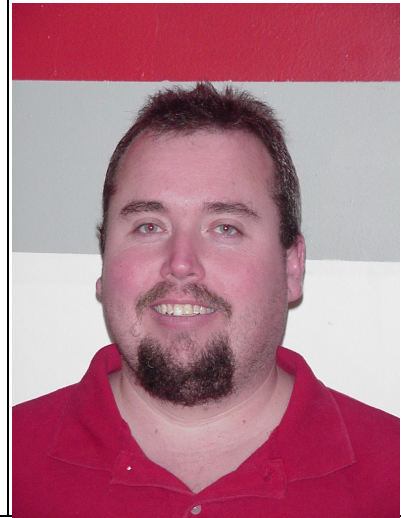




Indiana State USBC

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

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.