



HALL of FAME CONTACT INFORMATION

Nominee Info —

Name: _____ MI: _____ Last: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

- If nominee is deceased, list the name and address of individual to contact.
- Completed Contact Information is required for resume to be considered for review. This information is necessary for the Indiana Sate USBC to request additional information or to update the Nominee's Resume.

Nominator Info —

Name: _____ MI: _____ Last: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

- Completed Contact Information is required for resume to be considered for review. This information is necessary for the Indiana Sate USBC to request additional information.

**All forms with attachments can be mailed via
US Postal Service –or– Emailed to:**

Brian Nunning, IS USBC Association Manager
2755 Lake Pine Path, Apt. #223 | Saint Joseph, MI 49085
brian.nunning@IndianaStateUSBC.org

Date Received: _____

Mail no later than *October 1* to be considered for current season

State Association Committees served on, either as a State Board Member or as a Local Association Member:

(Use additional paper with complete details, if necessary)

| Committee | Chair | | No. Years as Chair | Total No. Years |
|-----------|-------|----|-----------------------|--------------------|
| | Yes | No | | |
| | Yes | No | | |
| | Yes | No | | |
| | Yes | No | | |

State Tournament Squad Organizer (10 Teams or more) / Number of Times: _____

Positions served as USBC Officer, Director or Committee Member:

(Use additional paper with complete details, if necessary)

| Positions Held | No. Years | Positions Held | No. Years | Positions Held | No. Years |
|----------------|-----------|----------------|-----------|----------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

Number of years served as a Local Association Officer and/or Director:

(Use additional paper with complete details, if necessary)

| Positions Held | No. Years | Positions Held | No. Years | Positions Held | No. Years |
|----------------|-----------|----------------|-----------|----------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

Service rendered with Local, State and National Youth Bowling Associations:

(Use additional paper with complete details, if necessary)

| Organization | Positions Held | No. Years |
|--------------|----------------|-----------|
| | | |
| | | |
| | | |

Mail no later than October 1 to:

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Saint Joseph, MI 49085

Email: brian.nunning@IndianaStateUSBC.org



Nomination for Indiana State USBC Hall of Fame Performance



Any information the nominator considers pertinent for the candidate's inclusion in the Hall of Fame, please attach on a separate sheet of paper with the requested detail

To be considered for the Performance Category, the bowler must satisfy at least one of the following criteria.

Please check the box that applies.

One (1) State Title in any of the IS USBC Championship Tournaments.

One (1) National ABC/WIBC/USBC title

Name of Nominee:

Living: Y N — Date of Death when applicable: _____

First MI Last Nominee Additional Name(s)
Phone:

Address: _____ Birthdate (00/00/0000): _____

City: _____ State: _____ Zip: _____

Local Association Membership: _____ No. of Years: _____

Nearest Relative: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____



| List any 5 Years – Highest (Need not be consecutive – ONLY one (1) per year) | | | | | |
|--|---------|------|------|------|--------|
| Year | Average | Year | Game | Year | Series |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ADDITIONAL INFORMATION REQUESTED:

MEN ONLY: Career Total 300 Games:

Career Total 800 Series:

WOMEN ONLY: Career Honor 279-300 Games:

Career Total 700+ Series:

IS Open Championship
Tournament

IS Women's Championship
Tournament

IS Mixed Championship
Tournament

IS Senior Championship
Tournament

Number of Years Bowled

| STATE Actual Championship Titles Only | | | STATE Handicap Championship Titles Only | | |
|---------------------------------------|---------------------|-------|---|---------------------|-------|
| Year | Event (T, D, S, AE) | Score | Year | Event (T, D, S, AE) | Score |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please be specific with details. Attach an additional sheet if necessary.

| Year of Title(s) | | | |
|---|-------------------------------|-----------------------|----------------------|
| Indiana State Sr Masters | Indiana State Scratch Classic | Indiana State Masters | Indiana State Queens |
| Please be specific with details. Attach an additional sheet if necessary. | | | |

| LOCAL Actual Championship Titles Only | | | LOCAL Handicap Championship Titles Only | | |
|---|---------------------|-------|---|---------------------|-------|
| Year | Event (T, D, S, AE) | Score | Year | Event (T, D, S, AE) | Score |
| Please be specific with details. Attach an additional sheet if necessary. | | | | | |

| ABC/WIBC/USBC NATIONAL CHAMPIONSHIP TOURNAMENT TITLE(S) | | | ABC/WIBC/USBC NATIONAL MASTERS, QUEENS or SENIOR MASTERS, QUEENS | | |
|---|---------------------|-------|--|---------------------|-------|
| Year | Event (T, D, S, AE) | Score | Year | Event (T, D, S, AE) | Score |
| Please be specific with details. Attach an additional sheet if necessary. | | | | | |

Youth (State or National) Recognition:

| Game (Act Only) | Series (Act Only) | STATE | | National Event | Special Award |
|-----------------|-------------------|-------|---------------------|----------------|-------------------|
| Year | Year | Year | Event (T, D, S, AE) | Year | State or National |
| | | | | (T, D, S, AE) | |

Additional Information or HONORS:

- Please attach a separate sheet listing any special honors nominee may have earned for bowling, service, Local or State Halls of Fame, and records held which are not included above, i.e., High Games, Series, Averages, TNBA titles).

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