

| Nominee Info —     |  |           |            |                |         |  |
|--------------------|--|-----------|------------|----------------|---------|--|
| Name:              |  | MI:       | Last:      |                |         |  |
| Address:           |  |           |            |                |         |  |
| City:              |  |           |            | State:         | Zip:    |  |
| Phone:             | Email:   |           |            |                |         |  |
| If nominee is dece | eased, list the name a                                       | and addre | ess of inc | dividual to co | ontact. |  |
| •                  | ct Information is requessary for the Indiana<br>ee'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

<u>brian.nunning@IndianaStateUSBC.org</u>

Date Received:

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

## Nomination for Indiana State USBC Hall of Fame **Service or Special Recognition**

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

Insert or **Attach Photo** of Nominee

**SERVICE.** To be considered for the Service Category, the bowler must satisfy at least one of the following criteria. Check the qualifying requirement(s) nominee has met:

IS USBC or any heritage state association President, Secretary, Treasurer, Association Manager having served a minimum of ten (10) years

Any President, Secretary, Treasurer, Association Manager, having served in a local or merged bowling association with a minimum of ten (10) years of service with significant service credentials

IS USBC or any heritage state association Tournament Managers, Director of the Year, Mentor of the Year having served a minimum ten (10) years

Annual Meeting delegate or IS USBC or any heritage state association committee member having served a minimum of ten (10) years with significant service credentials

**SPECIAL RECOGNITION.** To be considered for the Special Recognition Category, the individual must satisfy at least one of the following criteria. Check the qualifying requirement(s) nominee has met:

MI

Proprietors and/or Managers of the bowling center with a minimum service of 10 years.

Any IS USBC Tournament Squad Organizers, organizing at least 4 teams per year, for ten (10) years minimum.

Special service (such as Star of Yesteryear) giving a minimum of ten (10) years of service to the bowling community for

First

volunteer efforts.

PBA professionals with ties to Indiana

Sports media (such as sportswriters, television broadcasting) with ties to Indiana

Coaching

| Name of Nomine | e | : |
|----------------|---|---|
|----------------|---|---|

| Living: Y  | First  N — Date of | MI Death when applicable: | Last            | Nominee<br>Phone:       | Additio  | nal Name(s) |
|--|--------------------|---------------------------|-----------------|-------------------------|----------|-------------|
| Address:   |                    |                           | Birthdate (00/  | (00/0000):              |          |             |
| City:  |                    |                           |                 | State:                  | Zip:     |             |
| Local Association Memb                           | ership             |                           |                 |                         | No. of Y | ears:       |
| Nearest Relative:                                |                    | Relation                  | ship:           | Pho                     | ne:      |             |
| Address:   |                    | City:                     |                 | State                   | Zip:     |             |
| Number of years serv<br>(Use additional paper wi |                    |                           | on Officer and/ | or Director:  Positions | Held     | No. Years   |
|  |                    |                           |                 |                         |          |             |
|  |                    |                           |                 |                         |          |             |
|  |                    |                           |                 |                         |          |             |

| (Use additional paper wi                       |                                  | on, either as a State B if necessary) | oard Member or              | as a Lo                     | cal Association |                    |
|--|----------------------------------|---------------------------------------|-----------------------------|-----------------------------|-----------------|--------------------|
|  | Committee                        | • /                                   | Cha                         | No. Years<br>Chair as Chair |                 | Total No.<br>Years |
|  |                                  |                                       | Yes                         | No                          |                 |                    |
|  |                                  |                                       | Yes                         | No                          |                 |                    |
|  |                                  |                                       | Yes                         | No                          |                 |                    |
| ate Tournament Squad                           | Organizer (10 Tea                | ams or more) / Number                 | of Times:                   |                             |                 |                    |
| Positions served as U (Use additional paper wi |                                  | ector or Committee N                  | Iember:                     |                             |                 |                    |
| Positions Held                                 | No.Years                         | Positions Held                        | No. Years                   | Posi                        | tions Held      | No. Year           |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  | sociation Officer and/                | or Director:                |                             |                 |                    |
| (Use additional paper wi<br>Positions Held     | ith complete details,  No. Years | if necessary) Positions Held          | No. Years                   | Posi                        | tions Held      | No. Year           |
| FOSITIONS HEIG                                 | 10. 1 6.15                       | FOSITIONS TIEN                        | NO. 1 cars                  | 1 051                       | HOHS HEIU       |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  | -                                     |                             |                             | ,               |                    |
|  |                                  |                                       |                             |                             |                 |                    |
|  |                                  | l National Youth Bow                  | ling Associations           | :                           |                 |                    |
| (Use additional paper wit                      | th complete details, i           |                                       | J                           |                             |                 | No. Years          |
| (Use additional paper wit                      |                                  |                                       | Pling Associations Position |                             |                 | No. Years          |
| (Use additional paper wit                      | th complete details, i           |                                       | J                           |                             |                 | No. Years          |
| Use additional paper wit                       | th complete details, i           |                                       | J                           |                             |                 | No. Years          |
| (Use additional paper wit                      | th complete details, i           |                                       | J                           |                             |                 | No. Years          |
| (Use additional paper wit                      | th complete details, i           |                                       | J                           |                             |                 | No. Years          |

### Mail no later than October 1 to:

Brian Nunning, IS USBC Association Manager 2755 Lake Pine Path, Apt. #223 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/WIB      | C/USBC title                |             |                           |                           |             |                                     |
|------|---|--------------|-----------------------------|-------------|---------------------------|---------------------------|-------------|-------------------------------------|
| Nar  | ne of Nominee:                          |              |                             |             |                           |                           |             |                                     |
|      |   | First        | M                           | [           | Last                      | Nomin                     | A           | dditional Name(s)                   |
| Liv  | ing: Y                                  | N — Date     | of Death when               | applicable: |                           | Pho                       |             |                                     |
| Ada  | lress:                                  |              |                             |             | Birthdate (               | (00/00/0000):             |             |                                     |
| City | <i>7</i> :                              |              |                             |             |                           | State:                    | 2           | Zip:                                |
| Loc  | al Association Membersh                 | ip:          |                             |             |                           |                           | No          | . of Years:                         |
| Nea  | rest Relative:                          |              |                             | Relatio     | onship:                   | P                         | hone:       |                                     |
| Ado  | lress:                                  |              | City:                       |             |                           | State:                    | Z           | ip:                                 |
|      |   |              | List any 5 Yo               | ears – High | est (Need not b           | e consecutive -           | - ONLY or   | ne (1) per year)                    |
|      | Insert or<br>Attach Photo<br>of Nominee |              | Year                        | Average     | Year                      | Game                      | Year        | Series                              |
| AI   | ODITIONAL INFORM                        |              | _                           | <b>)</b> :  |                           |                           |             |                                     |
|      | MEN ONLY: Ca                            |              |                             | \ C         |                           | areer Total 800           |             |                                     |
|      | WOMEN ONLY                              | : Career F   | 10nor 2/9-300               | Games:      | C                         | Career Total 70           | 0+ Series:  |                                     |
|      | Number of Years Bowle                   | T            | n Championship<br>ournament |             | s Championship<br>rnament | IS Mixed Cham<br>Tourname |             | IS Senior Championshi<br>Tournament |
| [    | STATE Actual                            |              |                             |             |                           | E Handicap Cl             |             |                                     |
| ŀ    | Year Even                               | nt (T, D, S, | AE)                         | Score       | <u>Year</u>               | Event (                   | Γ, 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<br>Classic | Indiana<br>State Masters | Indiana State Queens |  |  |  |  |
|   |                                  |                          |                      |  |  |  |  |
|   |                                  |                          |                      |  |  |  |  |
|   |                                  |                          |                      |  |  |  |  |
| Please be specific with details. Attach an additional sheet if necessary. |                                  |                          |                      |  |  |  |  |

| LO   | CAL Actual Championship Titles | Only                 | LOCA               | L Handicap Championship Title | s Only |
|------|--------------------------------|----------------------|--------------------|-------------------------------|--------|
| Year | Event (T, D, S, AE)            | Score                | Year               | Score                         |        |
|      |                                |                      |                    |                               |        |
|      |                                |                      |                    |                               |        |
|      |                                |                      |                    |                               |        |
|      |                                |                      |                    |                               |        |
|      |                                |                      |                    |                               |        |
|      |                                |                      |                    |                               |        |
|      | Please be specific             | c with details. Atta | ch an additional s | sheet if necessary.           |        |

| ABC/WIBC/USBC NATIONAL<br>CHAMPIONSHIP TOURNAMENT TITLE(S) |   |       | MASTERS, | ABC/WIBC/USBC NATIONAL QUEENS or SENIOR MASTER |       |  |  |
|--|---|-------|----------|--|-------|--|--|
| 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 Series STATE National Event Special Award
Year (Act Only) Year (Act Only) Year Event (T, D, S, AE) Score Year (T, D, S, AE) State or National

#### **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).

#### Mail no later than October 1 to:

Brian Nunning, IS USBC Association Manager 2755 Lake Pine Path, Apt. #223 Saint Joseph, MI 49085

USBC INDIANA STATE

Email: brian.nunning@IndianaStateUSBC.org

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