



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

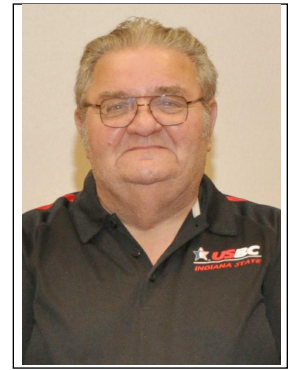
Date Received: _____

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



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



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:*

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*

volunteer efforts.

PBA professionals with ties to Indiana

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

Coaching

Name of Nominee:

	First	MI	Last	Nominee	Additional Name(s)
Living:	Y	N	—	Date of Death when applicable:	Phone:
Address:				Birthdate (00/00/0000):	
City:				State:	Zip:
Local Association Membership				No. of Years:	
Nearest Relative:				Relationship:	Phone:
Address:				City:	State Zip:

Number of years served as a Indiana State USBC 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
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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:

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/WIBC/USBC title

Name of Nominee:

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

First MI Last Nominee Additional Name(s)
Phone:

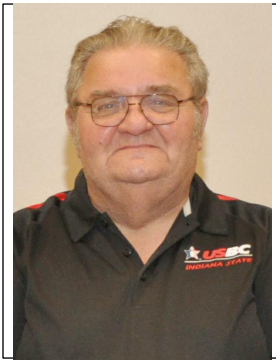
Address: _____ Birthdate (00/00/0000): _____

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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