



Hall Of Fame Nomination Form: Performance

*Please type or print clearly. You may use additional sheets if necessary.
Deadline is January 1st for consideration.*

Superior Performance – Men

Superior Performance – Women

Name of Nominee _____
Last Name First Maiden/Middle

Current Address _____

City, State, Zip Code _____

USBC Bowler I.D. # _____

Telephone # Home _____

Business _____

Cell _____

E-Mail Address _____

Nomination form must be approved as accurate by the nominee before it is submitted. Please have the nominee sign below to verify the information provided is complete

Nominee _____ Date _____

Name of Nominator _____

Address _____

City, State, Zip Code _____

Telephone # _____

Bowling Performance

Please be as specific as possible in listing the name of event and /or category (i.e. singles, doubles, etc.), year and finish position:

Tournament Participation

A. Treasure Coast USBC/ABC/WIBC/ and Other Local Associations

Name of Tournament _____

Year _____ Event: _____ Place _____

Number of years bowled _____

B. Florida State USBC/ABC/WIBC

Name of Tournament _____

Year _____ Event: _____ Place _____

Number of years bowled _____

C. USBC National /ABC/WIBC

Name of Tournament _____

Year _____ Event: _____ Place _____

Number of years bowled _____

D. High 3 game Set

800 series _____ Year _____ Dates _____

300 games _____ Year _____ Dates _____

E. Yearly Composite averages 210 or better.

From year _____ to _____

From year _____ to _____

From year _____ to _____

Please submit all records and documents with this application