

Hall of Fame Nomination Form

Office Use Only

Date Received:

300s / 800s:

of Houses:

Nominee Name:

Form must be postmarked by July 15

Awards Committee will review criteria and determine appropriate category

Criteria Guidelines for Association "Hall of Fame" Nomination

- * At least 45 years of age
- * Fifteen (15) years as a sanctioned/certified bowler in Greater KCMO USBC
- * Must show sportsmanlike conduct both on and off the lanes

Additional Criteria for "Superior Performance" Award

- * Outstanding bowling ability
- * Outstanding achievements over an extended period of time

Additional Criteria for "Meritorious Service" Award

- * Dedication to the sport of bowling
- * Meritorious achievements

Additional Criteria for "Legend" Award

- * Bowling Accomplishments from 1950 through 1990 era

Categories/Definitions: Select category for nominee

- ___ Superior Performance: Displayed outstanding bowling ability/achievements over an extended period of time.
- ___ Meritorious Service: Dedicated to the sport of bowling. Uses his/her best efforts to promote the sport of bowling. Uses his/her leadership qualities to the highest level.
- ___ Legend: Displayed outstanding bowling ability/achievements over a period of time pertaining to achievements from the 1950 through the 1990 era that were commensurate of Hall of Fame status compared with the bowling achievements of that time.
- ___ Sponsor: Supports local bowling community.

Nominee Name: _____

Address: _____

City, State Zip: _____

Male/Female: _____

Maiden Name: _____

Date of Birth (M/D/Y) _____

Age: _____

Living or Posthumous _____

Email: _____

Phone: _____

Years in MO Area: _____

USBC #: _____

Years as USBC Card Holder: _____

Provide characteristics of the nominee: (Personality, Leadership, Dedication, etc.)

Provide achievements of the nominee: (Be specific in number of high score awards / number of houses nominee bowls in / averages, etc.)

General comments on the nominee to demonstrate why they deserve the award:

Use additional pages if needed.

Date:	_____	
Proposer:	_____	
Email:	_____	Phone: _____

Submit completed form:

Email to: kcusbc@gmail.com

Mail/Deliver to: KCUSBC - 6025 Raytown Road - Raytown, MO 64133

If questions, call 816.358.5470