Hall of Fame Nomination Form

Form must be postmarked by August 1st Awards Committee will review criteria and determine appropriate category

Office Use Only	
Date Received:	
300s / 800s:	
# of Houses:	
Nominee Name:	

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 Performa	nance: Displayed outstanding bowling ability/achievements over an extende 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:	achievements from t	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	ng 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 C	ard Holder:		

Hall of Fame Nomination Form Page 2 - Nominee Name:	
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 i averages, etc.)	n /
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 64133-3941

If questions, call 816.358.5470

Version Date: 8.21.2023