



HALL OF FAME NOMINATION FORM

NOMINEE: _____

NOMINATED FOR (CIRCLE ONE) MERITORIOUS SERVICE SUPERIOR PERFORMANCE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ AGE: _____ MARITAL STATUS: _____

SPOUSE'S NAME: _____ NUMBER OF CHILDREN: _____

YEARS BOWLED: _____ HIGH AVERAGE: _____

HIGH GAME: _____ HIGH SERIES: _____

QUALIFICATIONS:

PARTICIPATED IN ACTIVITIES OF THE WEST VIRGINIA STATE USBC BOWLING ASSOCIATION FOR _____
CONSECUTIVE YEARS.

HAS CANDIDATE BEEN ACTIVE IN BOWLING AND PROMOTION OF ACTIVITIES SPONSORED BY THE WEST VIRGINIA
STATE USBC BOWLING ASSOCIATION? YES _____ NO _____

TITLES HELD IN THE WEST VIRGINIA STATE USBC BOWLING ASSOCIATION: _____

LOCAL, REGIONAL, OR NATIONAL RECOGNITION OT TITLES HELD: _____

Please send completed application to WV State Association Manager, Melissa Varner
34 Bluff Oak Street Maidsville, WV 26541
Mvarner0228@gmail.com/ WVUSBC@ICLOUD.COM

(CONTINUED ON BACK)

TITLES HELD OTHER THAN BOWLING: _____

DESCRIBE CANDIDATE'S PERSONALITY AND LEADERSHIP QUALITIES: _____

MEMBERSHIPS IN ORGANIZATIONS OTHER THAN BOWLING: _____

HOBBIES: _____

GIVE REASONS FOR SELECTING THE ABOVE CANDIDATE FOR THE WEST VIRGINIA STATE USBC BOWLING ASSOCIATION HALL OF FAME: _____

DEADLINE FOR NOMINATION MARCH 1ST EACH YEAR.

AN ELECTION WILL BE HELD EACH YEAR AT THE ANNUAL MEETING OF THE WV STATE USBC BOWLING ASSOCIATION. ENSHRINEMENT(S) WILL TAKE PLACE AT THE FOLLOWING WV STATE USBC BOWLING ASSOCIATION JAMBOREE MEETING.

NOMINATED BY: _____

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SIGNED: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

Please attach additional pages, if necessary.

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