



COLORADO STATE
NOMINATION FORM
HALL OF FAME
MERIT OF EXCELLENCE
SUBMIT BY JANUARY 1

All candidates must be at least 40 years of age prior to selection. Nominee must have been a member of the Colorado State USBC for at least 15 years (not necessarily consecutively) and must have bowled in at least 10 Colorado State USBC annual tournaments unless illness or injury has shortened their career. Candidate must have won statewide recognition for their ability in bowling and must have an outstanding record in Colorado State USBC annual classified tournaments.

DATE: _____

NAME OF NOMINEE: _____
LAST NAME FIRST NAME MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

NOMINEE'S BIRTH DATE: _____ (MO/DAY/YR) PHONE (____) _____
(Include Area Code)

CURRENT LOCAL ASSOCIATION MEMBERSHIP: _____

NEAREST RELATIVE: _____
NAME RELATIONSHIP

ADDRESS: _____
STREET CITY STATE ZIP

PLEASE SUBMIT THIS COMPLETE FORM NO LATER THAN JANUARY 1. USE ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. SEND TO:

Don Meyer, Association Manager

**Colorado State USBC
956 S. Saki Dr.
Pueblo West, CO 81007-3080**

BOWLING ACCOMPLISHMENTS (attach additional pages, if necessary)

PERSONAL ACCOMPLISHMENTS

Nominee's Career: High Game _____ High Three-Game Series _____ Highest Average _____
Number of certified: 300 Games _____ 800 Series _____ 700 Series _____

STATE

Number of years a Colorado State member _____
Number of Colorado State annual tournaments competed in _____

List Colorado State tournaments in which you placed 1st, 2nd, or 3rd, stating events, and year:

Championship _____

Senior _____

Mixed _____

OTHER state tournaments (BVL Roll-off, Jam Bowl, State 600, CBPA events, etc.) _____

LOCAL

Number of local association annual tournaments competed in _____
Number of years bowled in a certified league _____

List local association titles won (1st place), stating events, years and scores _____

NATIONAL

Number of years a USBC/WIBC/ABC member _____
Number of national championship tournaments competed in _____

List national honors and/or titles won _____

OTHER ACCOMPLISHMENTS

(Print Name) Submitted By: _____

Signature: _____

Address: _____
Street City State Zip

Phone Number: _____