



**NOMINATION FORM
HALL OF FAME
MERITORIOUS SERVICE**

SUBMIT BY JANUARY 1, 20__

Nominee must be a present or former member of the Colorado State USBC for at least 15 years (not necessarily consecutively). Candidate must have contributed through dedicated service to the general welfare and progress of the game of bowling in the state of Colorado.

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, 20__. 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**

SERVICE ACCOMPLISHMENTS (attach additional pages, if necessary)

STATE

Number of years a Colorado State member _____

Number of Colorado State annual tournaments competed in _____

Number of Colorado State Jamborees/Workshops attended _____

List service within the Colorado State USBC: (Number of years on each.)

Board of Directors _____

Committees _____

Youth _____

Council _____

LOCAL

Number of Colorado State annual meetings served as a delegate/alternate _____

Number of local association annual tournaments competed in _____

List service within local association(s): (Number of years on each.)

Board of Directors _____

League Offices Held _____

Committees _____

Youth _____

Council _____

NATIONAL

Number of years a USBC/WIBC/ABC member _____

Number of USBC/WIBC/ABC annual meetings served as a delegate/alternate _____

Number of national championship tournaments competed in _____

List service with USBC/WIBC/ABC and other Organizations (YABA, NWBW, 500, 600 or 700 Clubs, Pioneer Club, Committees, etc.) (Number of times on each.)

OTHER ACCOMPLISHMENTS

Nominee's career: High Game _____ High Three-Game Series _____ Highest Average _____

(Print Name) Submitted By: _____

Signature: _____

Address: _____

Street

City

State

Zip

Phone Number: _____