



HALL OF FAME NOMINATION FORM

Please type or print clearly. May use additional sheets if necessary.
Please return completed questionnaire to the Greater Toledo USBC office.,
Attn: HOF Committee, 1516 Starr Ave., Toledo, Oh 43605
Or email to gtba @accesstoledo.com
Deadline: April 15 for consideration for the next
GTUSBC Hall of Fame induction ceremony

Meritorious Service

or

Honorary Member

Meritorious Service Nominees are to be recognized for their individual's contributions to the establishment, forth or continuing excellence in the game within the Association's boundaries. Must have been a certified bowler in good standing for at least twenty (20) years in the Greater Toledo USBC Association, Toledo Women's Bowling Association, Greater Toledo ABC Bowling Association, the Greater Toledo Youth Bowling Alliance or the Wauseon Women's Bowling Association and be at least 40 years of age. They must have distinguished themselves through outstanding service to the Greater Toledo USBC Association and prior bowling associations and alliances.

Honorary Member Nominees recognizes an individual's contribution to the establishment, growth or continuing excellence in the game within the Associations boundaries. Criteria for this will be established by screening committee. Only one (1) inductee may be elected in this category per

Name of the Nominee _____
Last Name First Middle/Maiden

Current Address _____

City, State, Zip _____

Birthplace/Birthdate _____ Living _____ Deceased _____
City State Month/Date/Year

USBC Bowler's I.D. No _____ Nearest Relative _____

Home Phone _____ Address _____

Cell _____ City State Zip _____

E-mail _____ Relationship _____

Local and State Association affiliations (present and past) _____

Number of combined Years as USBC (WIBC/ABC/YABA) member _____

Is the nominee still actively bowling? Yes ___ No ___

Biological sketch of outstanding service rendered, such as years bowled, offices held, work with Youth Bowling Associations, Bowling Councils, etc. Include number years participation in all categories/events.

LOCAL:

STATE:

NATIONAL:

SPECIAL HONORS:

Please attach a separate sheet for further information and other remarks.

Submitted By: _____
(Signature)

(Print Name)

(Address)

(City, State, Zip)

(Telephone)

(E-mail address)

(Dated)

Mail no later than April 15th

**To: Gr. Toledo USBC Bowling Association
1516 Starr Ave.
Toledo, Ohio 43605**