

## Nomination for Michigan State USBC Hall of Fame Meritorious Service

*Any Information the informant considers pertinent for candidate's inclusion in the Hall of Fame should be attached on a separate sheet of paper*

Date Submitted: \_\_\_\_\_

Nominee must have contributed meritorious service a minimum of 15 years to the reputation and progress of the game within the area served by the Michigan State USBC.

**Name of Nominee:** \_\_\_\_\_

First Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate (month/date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Member of which Local Association \_\_\_\_\_ Number of Years \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Number of years served as a Michigan State USBC Association Officer and/or Director:** \_\_\_\_\_

Positions Held	No. Years	Positions Held	No. Years	Positions Held	No. Years
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**State Association Committees served on, either as a State Board Member or as a Local Association Member:**

Indicate Chair or Member

Committee	Chair	No. Years	Member	No. Years
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**State Tournament Squad Organizer (10 Teams or more):**      **Number of Times:** \_\_\_\_\_

**Positions served as USBC Officer, Director or Committee Member: (Indicate number of years served on all committees)**

Positions Held	No. Years	Positions Held	No. Years	Positions Held	No. Years
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Number of years served as a Local Association Officer and/or Director** \_\_\_\_\_

Positions Held	No. Years	Positions Held	No. Years	Positions Held	No. Years
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Service rendered with Local, State and National Youth Bowling Associations:**

Organization	Positions Held	No. Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MAIL NO LATER THAN OCTOBER 31, 2019 TO:**  
Hall of Fame Committee  
PO Box 217  
Grandville MI 49468-0217

Submitted by: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Date Received: \_\_\_\_\_