

## Nomination for Michigan State USBC Hall of Fame Superior Performance

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

Nominee must have been a Michigan State ABC/WIBC/USBC member for at least 10 years and has shown an outstanding bowling performance. Nominee must have won State recognition for his/her ability in bowling and must have also won at least one Michigan State ABC/WIBC/USBC WBA/BA Championship Tournament title as a member of the actual team, doubles, singles, or all events. Championships earned previously under the Michigan Masters, Queens, Senior Masters, Senior Queens, TNBA and/or the AJBC, YABA or Michigan State Youth/Youth Masters may also be considered. Only games and averages bowled in Michigan State USBC certified leagues or tournaments will be considered.

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

First

Last

*Please list any additional names bowler is known by:* \_\_\_\_\_

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

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

Member of Local Association: \_\_\_\_\_ State Association: \_\_\_\_\_

### List any 5 Years – Highest (Need not be consecutive – ONLY one (1) per year)

Year	Average	Year	Game	Year	Series
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### ADDITIONAL INFORMATION REQUESTED:

**MEN ONLY:** Career Total of 300 games \_\_\_\_\_ Career Total of 800 series \_\_\_\_\_

**WOMEN ONLY:** Career Honor scores of 279-300 games \_\_\_\_\_ Career Total of 700 series \_\_\_\_\_

### ACTUAL CHAMPIONSHIPS ONLY

**MICHIGAN STATE Women/Open CHAMPIONSHIP TOURNAMENT: Number of Years Bowled:** \_\_\_\_\_

Year	Event (T, D, S, AE)	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please attach a separate sheet listing any additional actual championships*

**MICHIGAN MASTERS:**

**MICHIGAN QUEENS:**

**MICHIGAN SENIOR MASTERS:**

**MICHIGAN SENIOR QUEENS:**

Year

Year

Year

Year

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Number of: Years of Participation Masters: \_\_\_\_\_

Number of: Years of Participation Queens: \_\_\_\_\_

Number of: Years of Participation Sr Masters: \_\_\_\_\_

Number of: Years of Participation Sr Queens: \_\_\_\_\_

**LOCAL ACTUAL CHAMPIONSHIPS:**

Year

Event (T, D, S, AE)

Score

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*Please attach a separate sheet listing any additional actual championships (local, national and/or youth)*

**ABC/WIBC/USBC OPEN/WOMENS NATIONAL CHAMPIONSHIP TOURNAMENT:**

**ABC/WIBC/USBC NATIONAL Masters, Queens, Senior Masters, Queens:**

Year

Event (T, D, S, AE)

Score

Year

Event (T, D, S, AE)

Score

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**Youth (State or National) Recognition – Actual ONLY:**

**Special Award:**

Year

Game

Year

Series

Year

**STATE**

Event (T, D, S, AE)

Year

**NATIONAL**

Event (T, D, S, AE)

State or National

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**Additional Information or HONORS:**

Please attach a separate sheet listing any special honors nominee may have earned for bowling, service, Local or State Halls of Fame, and records held which are not included above (Example: High Games, Series, Averages, TNBA titles):

**MAIL/Email - NO LATER THAN JANUARY 30, 2021**

**TO:** Hall of Fame Committee

PO Box 217 – Grandville MI 49468-0217

Email: michiganstateusbc@comcast.net

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

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

Signature

Address

City

State

Zip