

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

Number of: Years of Participation Masters: _____
 Number of: Years of Participation Sr Masters: _____

Number of: Years of Participation Queens: _____
 Number of: Years of Participation Sr Queens: _____

LOCAL ACTUAL CHAMPIONSHIPS:

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Youth (State or National) Recognition – Actual ONLY:

Special Award:

				STATE		NATIONAL		
Year	Game	Year	Series	Year	Event (T, D, S, AE)	Year	Event (T, D, S, AE)	State or National
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

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, 2022

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 _____