

## 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 their 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:**

Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MICHIGAN QUEENS:**

Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MICHIGAN SENIOR MASTERS:**

Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MICHIGAN SENIOR QUEENS:**

Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

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, 2024****TO:** Hall of Fame Committee

PO Box 217 – Grandville MI 49468-0217

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

Signature

Address

City

State

Zip

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