

TENNESSEE STATE USBC ASSOCIATION, INC. HALL OF FAME



Nominees must have bowled in the Tennessee State USBC or one of its predecessors for at least 10 years and must be at least 45 years of age. Superior Performances nominees must have participated in at least 15 years of Tennessee State Championship Tournaments (Open, Women's, Senior, etc.) to be considered for the Superior Performance category. Meritorious Service nominees must have shown outstanding service in the association.

Nominations must be in the association office by **December 1** of the current season for consideration by the Tennessee State USBC Hall of Fame Committee.

If candidates have not been selected for induction into the Tennessee State USBC Hall of Fame, their credentials shall stay on file in the association office for three years following the nomination.

Mail completed applications to:
Tennessee State USBC
Scott Vandiver, Association Manager
9204 Charbar Circle
Chattanooga, TN 37421
Email: svandiver@epbf.com
Phone: (423) 802-7138

TENNESSEE STATE USBC ASSOCIATION, Inc
HALL OF FAME
NOMINATION FORM FOR MERITORIOUS SERVICE

DEADLINE for SUBMISSION – December 1, OF THE CURRENT SEASON

THE NOMINEE MUST HAVE BOWLED IN THE TNSUSBC OR ONE OF IT'S PREDECESSORS FOR AT LEAST 10 YEARS AND MUST BE 45 YEARS OR OLDER AND HAVE SHOWN OUTSTANDING SERVICE TO BE CONSIDERED FOR NOMINATION IN THE MERITORIOUS SERVICE CATEGORY.

SECTION I: PERSONAL INFORMATION

Name of Nominee: _____ Living or Deceased: _____

Mailing Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: (____) ____ - _____

Marital Status: Single _____ Married _____ Spouse's Name: _____

If nominated posthumously, enter name and phone number of nearest relative below:

Name of relative: _____ Phone: (____) ____ - _____

Gender: _____ (female or male)

Number of years as a member of the Tennessee State USBC: _____

***** You must complete all of the sections below or the application will be rejected and returned as incomplete. *****

SECTION II: SERVICE HISTORY

A. List Tennessee State offices held and years: (must be or have been within the jurisdiction of TN State USBC or its predecessors.)

B. List local association offices held and years: (must be or have been within the jurisdiction TN State USBC or its predecessors):

C. National offices held and years: _____

D. List all committees that the nominee has served on state or local associations: (must be or have been within the jurisdiction TN State USBC or its predecessors):

F. In a minimum of 50 words describe what contributions the nominee has made or how the nominee has promoted the sport of bowling within the jurisdiction of the Tennessee State USBC.

G. Other bowling or community related volunteer activities:

Attach additional pages if needed to the last page of this form.

NOTE: Incomplete forms will be rejected and returned to nominator.

Name of person making nomination: _____

Mailing Address: _____ City _____ Zip _____

Phone number: (____) _____ - _____

Signature: _____ Date: _____

THIS FORM PLUS ANY ADDITIONAL DOCUMENTATION MUST BE RECEIVED IN THE TN State USBC ASSOCIATION OFFICE BY December 1, OF THE CURRENT SEASON

Mail complete form to:

Tennessee State USBC
Scott Vandiver, Association Manager
9204 Charbar Circle, Chattanooga, TN 37421
Email: svandiver@epbfi.com Phone: (423) 802-7138

FOR OFFICE USE ONLY:

Date received: _____ Date Application sent to Committee: _____

Current status: _____ Elected: _____ Year 1 Reconsideration: _____ Year 2 Reconsideration

TENNESSEE STATE USBC ASSOCIATION, Inc
HALL OF FAME
NOMINATION FORM FOR SUPERIOR PERFORMANCE

DEADLINE for SUBMISSION – December 1, OF CURRENT SEASON

THE NOMINEE MUST HAVE BOWLED AT LEAST 15 YEARS IN THE TENNESSEE STATE CHAMPIONSHIP TOURNAMENTS (OPEN, WOMEN’S, SENIOR, ETC.) AND MUST BE 45 YEARS OF AGE TO BE CONSIDERED FOR NOMINATION IN THE SUPERIOR PERFORMANCE CATEGORY.

SECTION I: PERSONAL INFORMATION

Name of Nominee: _____ Living or Deceased: _____

Mailing Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: (____) ____ - _____

Marital Status: Single _____ Married _____ Spouse’s Name: _____

If nominated posthumously, enter name and phone number of nearest relative below:

Name of relative: _____ Phone: (____) ____ - _____

Gender: _____ (female or male)

Number of years as a member of the TN STATE USBC or one of its predecessors: _____.

Local Association that the Nominee belongs to: _____

***** You must complete all of the sections below or the application will be rejected and returned as incomplete. *****

SECTION II: OUTSTANDING PERFORMANCE

A. In a minimum of 100 words, state why you think this individual should be considered as a candidate for induction into the Tennessee State USBC Hall of Fame based on his/her performance in bowling. (Attach additional sheet if necessary)

B. Number of: Sanctioned/Certified 300 games: _____
 Sanctioned/Certified 800 series: _____
 Females only Sanctioned/Certified 275 - 297 games: _____
 300 games: _____
 Females only Sanctioned/Certified 700-799 series: _____
 800 series: _____

C. TN State Championship tournaments Nominee has bowled in: _____ (number)
 Number of state championships won _____ (NOTE: List Dates and Events won on separate sheet)

D. Has bowled in ABC, WIBC or USBC National Tournaments: _____ (number)
 Number of national championships won _____ (NOTE: List Dates and Events won on separate sheet)

E. Number of local championships won _____ (Note: List Dates and Events won on separate sheet.)

F. Career Highs: Average _____ Series _____ Game _____

NOTE: Incomplete forms will be rejected and returned to nominator.

Name of person making nomination: _____
 Mailing Address: _____ City _____ Zip _____
 Phone number: (____) _____ - _____
 Signature: _____ Date: _____

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