



Can be Copied

Hall of Fame Nomination Form

Please complete the Nomination Form and mail it to
Anthracite Valley USBC, 17 Chapman Lake Road, Scott Township, PA 18447
Nomination Forms must be post marked no later than March 1st of the year to be considered

Failure to meet one or more qualifications does not imply disqualification for election.

Name		Phone	
Address		Date of Birth Minimum Age - 45	
City, State, Zip		Date of Death (Posthumous Nominations)	
Email		USBC ID#	
Occupation		Employer	
Years as member of AVUSBC (pre or post- merger). Minimum of 10 years			

Please select the category in which you wish to nominate. Both may be chosen.

Superior Performance

Meritorious Service

Superior Performance

Please list the certified leagues, local certified tournaments, and regional, state, national, or other competitions the Nominee has participated in along with achievements pre or post merger.

Certified League Averages

210 or higher for male; 180 or higher for female – 3 consecutive years

Year of Season	Average	League	Center

Individual Highs

	Score/Average	League	Center
Highest Certified Average			
Highest certified Series			
Highest Certified Game			

# 800 Series		# 300 games		# 700 Series		# 275-299 Games	
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Has nominee won a scratch title in either a Local, State or National Tournament? If so, please list.

Meritorious Service

Has the nominee been a league officer at any center currently within Anthracite Valley USBC pre or post merger? If so, please list the centers and leagues, along with the offices held.

Has the nominee been an Officer or Director of a local bowling association in the area now covered by Anthracite Valley USBC? If so, please indicate the term in which the position was held and any offices or committees that were held or chaired.

Has the nominee been a delegate to the PA State USBC annual meeting or convention (pre or post merger)? If so, please list the dates of attendance.

Has the nominee participated in Youth Bowling as a coach, coordinator, Youth Board Member, or bowler? If so, please elaborate.

Has the nominee bowled or worked local tournaments with Anthracite Valley USBC. If yes, how many and when?

Has the nominee attended USBC meetings, pre or post merger? If so, how many?

Please indicate any additional comments you feel should be considered in the nomination process on a separate paper.

Please complete all requested information on this page:

This application will be on kept on file for three (3) years. It should be updated when necessary.

Name of person making nomination _____

Signature of person making nomination _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Date Submitted _____

Nominator - On a separate sheet, please indicate why you feel the nominated person should be considered as a Hall of Fame candidate.

I willingly accept the nomination set forth above to the Anthracite Valley USBC Hall of Fame should I be elected.

Signed by the Nominee: _____ Date: _____

If this is a Posthumous Nomination, a family member may sign on behalf of the nominee.

Nominee – please include, on a separate sheet, information you would like to share about your family, pets, hobbies, volunteering and other information about yourself.