



SCUSBC HALL OF FAME

ELIGIBILITY REQUIREMENTS

Any member of the Snohomish County USBC may submit nominations.

A candidate for SC USBC Hall of Fame must meet the following criteria:

- 1) Candidate must be a minimum age of forty (40) as of July 1 of the year nominated, waived for posthumous induction).
- 2) **SUPERIOR PERFORMANCE:** Must have a minimum of ten (10) years participation in local league(s) and local, state and national championship tournaments.
- 3) **MERITORIOUS SERVICE:** Must have ten (10) years of service to the SC USBC.
- 4) Must have been an adult member of Snohomish County USBC (This shall include EWBA and GEBA associations) continuously for ten (10) years.

NOMINATIONS MUST BE SENT TO THE SNOHOMISH COUNTY USBC ASSOCIATION MANAGER NO LATER THAN DECEMBER 15TH.

MAIL COMPLETED FORM TO:

SC USBC ASSOCIATION MANAGER
PO BOX 12892
Everett, WA 98203



SCUSBC HALL OF FAME
SUPERIOR PERFORMANCE

NOMINEE MUST HAVE PARTICIPATED IN SC USBC LEAGUES AND TOURNAMENTS OVER A PERIOD OF 10 YEARS.

Date:
Name of nominee: Miss Mrs. or Mr. Last Name
First Name USBC Card #
Current Address
City, State and Zip Code
Date of Birth Phone #
Living Deceased

SUPERIOR PERFORMANCES
(must be verifiable)

Participated in SC USBC tournaments years.
Number of years with a 200 or above average.
Number of years with at least one (1) 700 or above series (women)
Number of years with at least one (1) 700 or above series (men)
Number of championships:
Team: Local State National
Doubles: Local State National
Singles: Local State National
All-Events: Local State National
Number of years a member of SC USBC (this shall include previous associations EWBA and/or GEBA, until the 2016-17 season).
List all high averages:

List all high series:
List all high games:

SIGNATURE OF PERSON(S) SUBMITTING NAME OF CANDIDATE:
Name Phone #
Name Phone #

Date of Application Received
Date Elected to Hall of Fame



**SCUSBC HALL OF FAME
MERITORIOUS SERVICE**

NOMINEE MUST HAVE DISTINGUISHED THEMSELVES THROUGH OUTSTANDING SERVICE TO SC USBC OVER A PERIOD OF 10 YEARS

Date: _____
Name of nominee: Miss ____ Mrs. ____ or Mr. ____ Last Name _____
First Name _____ USBC Card # _____
Current Address _____
City, State and Zip Code _____
Date of Birth _____ Phone # _____
Living ____ Deceased ____

**SERVICE ACCOMPLISHMENTS
(must be verifiable)**

LOCAL OFFICES/YEARS/DATES:

STATE OFFICES/YEARS/DATES:

COMMITTEES/YEARS/DATES:

HOW LONG HAS CANDIDATE BEEN AN ACTIVE BOWLER IN SC USBC (this shall include previous associations, EWBA and/or GEBA until the 2016-17 season) _____ YEARS.
LIST OTHER SERVICES RELATED TO BOWLING:

SIGNATURE OF PERSON(S) SUBMITTING NAME OF CANDIDATE:

Name _____ Phone # _____
Name _____ Phone # _____

Date of Application Received _____
Date Elected to Hall of Fame _____