

# MASSACHUSETTS USBC

## HALL OF FAME

### MERITORIOUS SERVICE NOMINATION FORM

Nominee must have distinguished themselves through outstanding service to the Massachusetts USBC (Men, Women or Youth) over a period of at least ten years in promotion and /or organization of the game of American Ten Pins

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PLEASE PRINT or TYPE Date \_\_\_\_\_

Name of Nominee ( )Miss ( )Mrs. ( ) Mr. Phone \_\_\_\_\_

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Last Name	First Name	Maiden/Middle
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Current Address _____		
Street	City & State	Zip Code

E-Mail Address \_\_\_\_\_

Local and State Membership (number of years both current and previous) \_\_\_\_\_

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### SERVICE ACCOMPLISHMENTS

#### STATE

List offices held, years on state board, include all positions served and length of service. List committees served \_\_\_\_\_

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List other state and /or regional organizations you have volunteered for, NEWBA, WASA, Publicity, Websites, TNBA, etc. \_\_\_\_\_

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LOCAL

List service as a local association officer and/or director with youth and adults, bowling council, publicity, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of USBC Conventions served as a delegate and any committees or position served \_\_\_\_\_

\_\_\_\_\_

Nominee's special honors or awards for bowling, service contributions, not included in the above categories \_\_\_\_\_

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In 50 words or less state why you think this nominee should be considered for the Massachusetts Hall of Fame \_\_\_\_\_

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\_\_\_\_\_

SUBMITTED BY:

\_\_\_\_\_

Please Print Name

Signature

Phone

Street

City & State

Zip Code

E-Mail address \_\_\_\_\_

Information submitted will be kept in an active file for 5 years. Nominees will be automatically be reconsidered annually. It will not be necessary to submit a new form. However, additional information will be appreciated.