



HALL OF FAME APPLICATION

(Application must be submitted by March 30, for consideration that year)
Applications will be retained on file for five (5) years

Eligibility Requirements:

- 1. Nominee must have been a Clark County Bowling Association member for ten (10) years as of July 31 of the year nominated and ten (10) years of service.
- 2. Must be a minimum of 40 years of age for both categories.

Categories for Hall of Fame Induction:

- 1. Meritorious Service _____ Living Adult _____ Deceased **(Go to Section A)**
- 2. Superior Performance _____ Living Adult _____ Deceased **(Go to Section B)**

All Applicants must complete Section C

Nominee's Information

Name: _____ USBC Card # _____

Date of Birth: _____ / _____ / _____ Phone: _____

Clark County Membership: From _____ To _____

Consecutive Years: From: _____ To _____

SECTION A:

OFFICES HELD:

National: _____

State: _____

Local: _____

League: _____

INVOLVEMENT:

Has nominee served on Clark County Board of Directors? Yes _____ No _____

From _____ to _____

Office(s) Held: _____ Years on Board _____

Committees served on: _____

Served as a League Officer Yes _____ No _____ Total Years _____

League Office Held _____

Youth Coaching: _____

Community Involvement and/or other Organization involved with?



SECTION B:

ACCOMPLISHMENTS ON THE LANES:

List all sanctioned tournaments for which nominee placed, i.e. year, event and scores, team, doubles, singles or all events. Provide all pertinent data. List additional accomplishments on a separate sheet of paper.

YEAR	EVENT (T, D, S, OR AE)	PLACE (1 st , 2 nd , etc)	SCORE

BOWLING ACHIEVEMENTS:

Any special honors nominee may have earned for bowling performance, national, state and local.

High Game _____

Three Game Series _____

Current Average _____

Honor Scores _____

SECTION C:

Briefly, describe the reason the nominee should be considered for membership in the CCUSBC Hall of Fame: _____

NOTE: The applicant may be subject to a background check performed by the Clark County United States Bowling Congress.

Recommended By:

Name: _____ USBC Card #: _____

Address: _____ City _____ State _____

Phone: _____ Email: _____

Signature _____ Date: _____