

NOMINATION FOR OHIO USBC WBA HALL OF FAME

Award for Superior Performance  
in the game of American Tenpins

Basic Qualifications: This award is presented to a present or past Ohio USBC WBA (Ohio WBA) member in recognition of her outstanding bowling performance over a period of years. She must have been a USBC (WIBC) and Ohio USBC WBA (Ohio WBA) member in good standing for at least fifteen (15) years. In case of death, this requirement could be waived. She must have won at least one Ohio WBA Championship Tournament title or Ohio WBA Queens title.

Date \_\_\_\_\_

Miss  
Name of Nominee Mrs. \_\_\_\_\_  
First Maiden Last

Current Address City State Zip Phone No. E-Mail Address  
Birthdate \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_  
Date Year

Member of \_\_\_\_\_ Number of years a USBC (WIBC) member \_\_\_\_\_  
Local Association

Number of years Ohio USBC WBA (Ohio WBA) member \_\_\_\_\_

Is nominee still actively bowling? Yes \_\_\_\_\_ No \_\_\_\_\_

Highest average (s) attained: Average Year  
\_\_\_\_\_  
\_\_\_\_\_

Highest Series bowled: Series Year  
\_\_\_\_\_  
\_\_\_\_\_

Highest Game(s) bowled: Game Year  
\_\_\_\_\_  
\_\_\_\_\_

Ohio (state) tournament title(s) won:	Score	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of years participation in state tournament: \_\_\_\_\_

Local Association tournament title(s) won:	Score	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Performance in other tournaments:

National:

Other:

Other special awards or honors in the bowling field:

A picture would be helpful, if available, for the Hall of Fame Board to review.

Attach a separate sheet for additional information.

MAIL NOT LATER THAN OCTOBER 1 TO:

Ohio USBC WBA Association Manager  
P.O. Box 752048  
Centerville, OH 45475

TWO SIGNATURES REQUIRED

Submitted by: \_\_\_\_\_

Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip

\_\_\_\_\_  
Area Code

Phone No.

E-Mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

City

State

Zip