



MESA COUNTY USBC NOMINATION FORM HALL OF FAME MERIT OF EXCELLENCE

SUBMIT BY JANUARY 1

To be eligible for consideration in the Mesa County USBC Hall of fame a nominee must be at least 45 years of age prior to selection, have been a member of the Mesa County USBC for at least 15 years (not necessarily consecutively) and must have bowled in at least 10 Mesa County USBC annual tournaments unless illness or injury has shortened their career.

DATE: _____ USBC Membership Number: _____

NAME OF NOMINEE: _____
LAST NAME FIRST NAME MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

NOMINEE'S BIRTH DATE: _____ MO/DAY/YR) PHONE (____) _____
(Include Area Code)

NEAREST RELATIVE: _____
NAME RELATIONSHIP

ADDRESS: _____
STREET CITY STATE ZIP

PLEASE SUBMIT THIS COMPLETE FORM NO LATER THAN JANUARY 1. USE ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. MAIL COMPLETED APPLICATION TO:

President
Mesa County USBC
299 Gill Creek Ct
Grand Junction, CO 81503

Bowling Accomplishments (attach additional pages if necessary)

Personal Achievements:

High Game: _____ High Three-Game Series: _____ High Average: _____
Number of Certified: 300 Games: _____ 800 Series: _____ 700 Series: _____

Mesa County USBC:

Number of years a Mesa County USBC member: _____
Number of years bowled in a certified league: _____
Number of local tournaments competed in: _____
Number of Titles won (1st Place): _____
List Event - Year and Score _____
List Event - Year and Score _____
List Event - Year and Score _____
Number of 2nd or 3rd place finishes: _____
List Event - Year and Score _____
List Event - Year and Score _____
List Event - Year and Score _____
List Event - Year and Score _____

Colorado State USBC:

Number of State Tournaments competed in: _____
Number of Titles won (1st Place): _____
List Event - Year and Score _____
List Event - Year and Score _____
List Event - Year and Score _____

National USBC:

Number of years a USBC/WIBC/ABC member: _____
Number of National Tournaments competed in: _____
List National honors and/or titles won: _____

Other Bowling related accomplishments:

(Print Name) Submitted by: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE (____) _____
(Include Area Code)

Signature: _____ DATE: _____