



**FULTON COUNTY USBC BOWLING ASSOCIATION
HALL OF FAME NOMINATION FORM**

PERFORMANCE CATEGORY

Nominee's Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth ____/____/____

Birthplace (City) _____ (State) _____

ABC/WIBC/USBC CERTIFIED HIGH GAMES

_____ 300 Games _____ 299 Games _____ 298 Games _____ 800 Series _____ 11 in a row

High Average _____ Year _____

CANTON CLASSIC PARTICIPATION

Years of Participation _____ Number of Titles _____

Highlights _____

CITY TOURNAMENT TITLES

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

INDIVIDUAL TOURNAMENT TITLES

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____



**FULTON COUNTY USBC BOWLING ASSOCIATION
HALL OF FAME NOMINATION FORM**

ABC/WIBC/USBC TOURNAMENT TITLES

Number of Tournaments _____ Lifetime Tournament Average _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Comments or if you are unsure of years or exact titles please summarize here. _____

AWARDS

Award _____ Year _____

Award _____ Year _____

Award _____ Year _____

Award _____ Year _____

Award _____ Year _____

Award _____ Year _____

BOWLING COMMUNITY AND CHARITY *(years on Association board, YABA coaching, contributions to local charities Etc.)*

Explanation of Services _____
