

**SUPERIOR PERFORMANCE**

Name of Candidate \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Association \_\_\_\_\_ ZIP \_\_\_\_\_

**QUALIFICATIONS; (Answer all questions)**

\_\_\_\_\_ Number of years a PA State USBC WBA member (At least 15)

\_\_\_\_\_ USBC certified average of 175 or higher (At least 6 years)

\_\_\_\_\_ Highest Average \_\_\_\_\_ Highest Game \_\_\_\_\_ Highest Series

\_\_\_\_\_ Years participation in PA State USBC WBA Tournament (At least 6)

PA State USBC WBA Championships. List event(s). Team, Doubles, Singles, All Events and year(s) won.

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

Other Championships. Local, National, 500 Club, 600 Club, TV, Mixed Doubles, Senior, etc. List event and year won.

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

List other High Scores and Awards i.e. 700 series, 800 series, 275 or better games and other awards won.

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

Other qualifications: Attach a separate sheet.

I hereby agree to have my name submitted for induction into the PA State USBC WBA Hall of Fame:

\_\_\_\_\_  
(Signature) (Date)

I hereby nominate the above person to be considered as an inductee into the PA State USBC WBA Hall of Fame. To the best of my knowledge, all of the above information is true and correct.

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Association: \_\_\_\_\_

Date: \_\_\_\_\_

**Application forms must be submitted to the chairperson on or before August 1<sup>st</sup> to be considered for induction the following year.**