

“Hall of Fame”

**To nominate someone for the Lancaster USBC Hall of Fame,
complete the form on the next page and submit to:**

**Lancaster USBC Association
3440 Columbia Ave.
Lancaster, PA 17603**

Requirements:

Must be 40 years of age or older

At least a 20 year member of Lancaster USBC (ABC or WIBC)

No history of being suspended

**For superior performance an applicant must have maintained an average of
210 for men or 190 for women for a period of 5 years**

**If not selected, applications will be held for one additional year, but must be
updated before the next selection.**

After two years the application must be resubmitted.



HALL OF FAME NOMINATION APPLICATION “SUPERIOR ACHIEVEMENT”

Name: _____ living deceased
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Achievements

Number of 300 games		Number of 275+ games (women)	
Number of 800 series		Number of 700 series (women)	
Number of years with county high average		Number of years with county high game	
Number of years with county high series		Number of years bowled	
Number of years you participated in the Local Association Tournaments			
Tournament Titles – National, State, Local – Team, Doubles, Singles, All Events			
Additional feats or accomplishments (attach sheet if more space is required)			

Submitted by: _____ Date: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Please return nomination application no later than February 1st

HALL OF FAME NOMINATION APPLICATION

“Meritorious Service”

Name: _____ living deceased

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Service

Years served on Lancaster USBC Board (previously LBA, LWBA, LYABA)	
Years served as Board President	
Years served as Board Vice President	
Years served as Association Manager (previously secretary or treasurer)	
Years served as league officer other than secretary	
Years served as league secretary	
Number of committees on which you were chairperson	
Years served as state or national officer, director or committee member	
Years served as state delegate	
Years served as national delegate	
Years served working for more than 50% of the squads for state or local tournaments	
Additional service (attach sheet if more space is required)	

Submitted by: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please return nomination application no later than February 1st