

# Greater Calumet Area USBC Hall of Fame application



Name: \_\_\_\_\_ Date of birth (must be 45): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other/ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_  
\_\_\_\_\_

Employed by: \_\_\_\_\_ Retired: \_\_\_\_\_

Nomination made for (pick one or both):

Performance \_\_\_\_\_ Meritorious Service \_\_\_\_\_

Has the nominee been a member of the GCABA for 10 or more years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Performance accomplishments: (use other side if necessary)

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

High Series: \_\_\_\_\_

Award Scores: \_\_\_\_\_ 800 \_\_\_\_\_ 300 \_\_\_\_\_ 299 \_\_\_\_\_ 298 \_\_\_\_\_ 11-in-a row \_\_\_\_\_

Tournament Championships/Bowling Honors: (add locations and dates)

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

Meritorious Service Accomplishments: (use other side if necessary)

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Has the person ever been a league officer? (name league or leagues)

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Why should this person be considered for induction into the GCABA Hall of Fame?

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Other Honors (outside of bowling):

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Name of person making this nomination (include phone number):

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**If the person being nominated for Hall of Fame consideration is deceased, please continue.**

When did the person die?

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Please list survivors, including phone numbers:

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**Return form to:**

Greater Calumet Area USBC Bowling Association  
c/o Hall of Fame  
228 W. Lincoln Highway  
Scherverville, IN 46375