REQUIREMENTS Nominations to the Florida State USBC Adult Hall of Fame

If you wish to submit the name(s) of a candidate for the Florida State United States Bowling Congress, Inc.'s Hall of Fame, please complete the enclosed nomination form(s) and <u>submit to EACH of the following no later than JUNE 30th</u>:

| Florida State USBC: | <u>Chairperson</u> | <u>President</u> | Association Manager | |
|---------------------|--------------------|--------------------|----------------------------|--|
| | Michael Nyitray | Fred McFarland | Tony Adkins | |
| | 6687 NW 110 Way | P. O. Box 841 | 1846 Tara Marie LN | |
| | Parkland, FL 33076 | Stuart, FL 34995 | Port Orange, FL 32128 | |
| | worldmike@aol.com | derfdriver@aol.com | floridastateusbc@gmail.com | |

RULES AND REGULATIONS GOVERNING APPLICATION FOR AWARD:

- 1. The Hall of Fame will have two (2) categories as below.
- 2. The Hall of Fame Committee will present to the Florida State USBC Board of Directors for final approval
 - a. <u>MERITORIOUS SERVICE:</u> For individual leadership and contributions to the Sport of Bowling within the State of Florida. (See qualification requirements on form.)
 - b. **SUPERIOR PERFORMANCE:** For outstanding performance as a bowler within the state of Florida or its prior associations. (See qualification requirements on form.)
- 2. Nominees in either category must be or have been a member in good standing for at least ten (10) years in the Florida State USBC. The nominee does not have to be active at the time of his/her election.
 - Nominees in the Superior Performance category must have bowled a minimum of ten (10) years in the Florida State USBC sponsored Championship Tournaments unless injuries or illness has shortened his/her career.
- *4. Nominees must be 40 years of age by June 30th of that year to be eligible for HOF consideration.
 - 5. Any Florida State USBC member may submit nominations in either or both categories. Nominees may be from your own local association or from any other association in the State of Florida. Nominations must be submitted by someone other than the nominee.
 - 6. QUALIFICATIONS MUST BE CLEARLY WRITTEN AND SUBMITTED VIA MAIL OR ELECTRONICALLY BY: **June 30th**
 - 7. A nominee may be elected only once to each category.
 - 8. Nominees not elected will be carried forward for one (1) year only, after which they will have to be re-nominated for further consideration. Incomplete applications will not be considered.

<u>IMPORTANT</u>: AT LEAST ONE (1) <u>ASSOCIATION</u> LETTER OF RECOMMENDATION MUST BE INCLUDED WITH THE APPLICATION.

Revised: 7/30/2024

FLORIDA STATE USBC, INC.

"HALL OF FAME" FOR

MERITORIOUS SERVICE - NOMINATION FORM

Nominee must have distinguished themselves through service to the State Association and/or significant statewide work benefiting bowlers within the State of Florida for a period of at least ten (10) years.

| Name | USBC ID# | Phone | e# |
|---|--|-------------|-----------------------|
| Address | City | ST | Zip |
| Number of years of a | active State Association service | | Email |
| Number of years of a | ctive Statewide work | | |
| List of offices and/or committee Association). Include length of | es served on in any of the following a time served in each position. | ssociations | (USBC and/or Local |
| | | | |
| List league positions held. Ple name/center. | ase include length of time served in | each positi | on, as well as league |
| | | | |
| | | | |
| List service with other organiza | tions (Local, State or National). | | |
| | | | |
| If neces | ssary, attach additional sheet for in | ıformation | |
| Submitted by: | Signature: | | |
| Address: | E-Mail: | | |
| City/State/ZIP: | Cell Phone: | | |

This form needs to be returned no later than June 30th.

Revised: 7/30/2024

FLORIDA STATE USBC, INC.

"HALL OF FAME" **FOR**

SUPERIOR PERFORMANCE - NOMINATION FORM

FILL OUT THIS FORM COMPLETELY - USE ADDITIONAL SHEETS, IF NECESSARY

| Nar | Name | | US | BC ID# | Phone # | | |
|---------------------------------------|---------------------------------------|--|--|---|---|--|---|
| Ado | | | Cit | <u> </u> | ST | Zip | |
| FL | USBC I | Iall of Fame (| eligibility: En | nail | | | |
| #1) | _ | | ida State USBC 'Ha a State USBC tourn | | 1.1 | | ated in |
| | | | USBC, or its prior in (See | | | | ts, has |
| | | | east FOUR (4) of th Must be 40 years of | | | | |
| -1- | -2- | *3 * | - 4 - | -5- | - 6 - | -7- | -8- |
| 300 Games | 800 Series | SCORING RECORDS | ANNUAL STATE HIGH SERIES | Local (FL) Hall of Fame | FLUSBC State Titles | Local (FL) Association Titles | Team USA Member |
| MEN 30 - 300s WOMEN 8 - 300s | MEN 15 - 800s WOMEN 2 - 800s | (3-game series) Current or Past 1 - Association Record 1 - House Record | (3-game series) Current or Past (1) ANNUAL STATE HIGH AVERAGE (66-games or more) Current or Past | Inducted into one (1) local USBC HOF for same category of FL State HOF application | 3 - State Titles WOMEN 1 - Florida Queens Title | *10 - Local Association Titles *Any combination of SINGLES or ALL-EVENTS Titles *NO Team & Doubles | One (1) time member, or alternate member, of Team USA |
| eve | nt, year an | id score. | r its prior organizati | | | | |
| | | | | | | | |

Revised: 7/30/2024

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This form needs to be returned no later than **JUNE 30th.**

City/State/ZIP: _____ Cell Phone: _____