

**CT STATE USBCA HALL OF FAME  
NOMINATION FORM**

**FRIEND OF BOWLING**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Member ID \_\_\_\_\_

*A candidate for this category would probably have some qualifications from each of the regular categories, but not required, and their status would have to be determined by the Hall of Fame Committee from a resume submitted with the approval of a local association within the State of Connecticut. All items considered should have taken place within the State of Connecticut.*

*What are their credentials:*

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*Letters of resume (name of individual submitting resume)*

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