



# HALL OF FAME APPLICATION

Tonawandas USBC Association

## *Meritorious Service*

Election to the Tonawandas USBC Association Hall of Fame is the highest honor that can be bestowed by the association. The nominee will have been associated with the Tonawandas Association (TCWBA/TBA/Tonawandas USBC). The candidate must also be at least 45 years old at the time the Hall of Fame application is submitted. For the category of **Meritorious Service**, the nominee will have demonstrated extraordinary service, devotion, ideas and ideals above and beyond the ordinary to the game of Ten Pin Bowling in the Tonawandas.

**\* If additional space is needed, submit separate page(s) with the application.  
(Please complete all parts of this form to the best of your knowledge)**

**Candidate's Name:** \_\_\_\_\_

**Maiden Name (if applicable):** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Children:** \_\_\_\_\_

**Number of Years as a member or associated with Tonawandas USBC:** \_\_\_\_\_

**\*\* This application will be kept on file for 10 years, please update when necessary \*\***

For Office Use Only
Date Received: _____
Initials: _____

## ***Meritorious Service***

**Association Participation**

Please list any Local, State, or National offices or contributions to clubs, instructor, Proprietor, etc.

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**Other Achievements**

List any other bowling achievements, honors or awards that would add to the nominee’s selection to the Hall of Fame.

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Please list why candidate should be considered for election to the Hall of Fame for Meritorious Service. (For Example: Coaching, Officer, Proprietor, Director, Sponsorship or Promotor of bowling events) Please attach additional pages if necessary.

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Sponsor’s Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Application to: Tonawandas USBC  
 PO Box 44  
 North Tonawanda, NY 14120**