



P.O. Box 18747  
Spokane, WA 99208  
Web: [www.spokaneusbc.com](http://www.spokaneusbc.com)  
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## SCUSBC HALL OF FAME BOWLER NOMINATION/BIOGRAPHY FORM

### **Nomination Requirements:**

1. Completion of this Bowler Nomination / Biography Form in full, with two (2) signatures supporting the nomination.
2. Completed Bowler Nomination / Biography Form must be returned to Spokane County USBC Association Manager by February 1 in order to be considered for election to the Hall of Fame during the current year. (Nominations received after that date will be carried over to the following year.)

### **Categories for Hall of Fame Induction:**

1. Superior Performance - Individual
2. Meritorious Service Individual
3. Extraordinary Accomplishment or Recognition – Team or Other (e.g. Sponsor, Proprietor).

### **Eligibility Requirements:**

A candidate for the Spokane County USBC Association Hall of Fame can be a living or posthumous (deceased) Adult meet the following criteria:

1. Must be a minimum age of forty (40) as of July 1<sup>st</sup> of year nominated. (Waived for posthumous category)
2. Must have minimum of ten (10) years participation in Spokane County Association Tournaments, or in case of Meritorious Service – ten (10) or more years of service.
3. Must have been an adult member of certifying or governing body of bowling for a minimum of ten (10) years. (Waived for posthumous category)
4. Extraordinary Accomplishment or Recognition – Team – Team members must meet individual requirements above, related to titles, and great accomplishments on and off the lanes to promote the sport of bowling at the Local, State, and/or National level: Others – Must meet the criteria of things done over and beyond to promote the sport of bowling related to the Local Association first, and also at the State, and/or National Level

Return completed form to the Hall of Fame Committee:

Vicki Frucci  
10022 E 18<sup>th</sup>  
Spokane Valley, WA 99206

**or**

Sandy Friberg  
PO Box 93  
Colbert, WA99005

Phone: 509-998-4174  
e-mail: [mvm101@comcast.net](mailto:mvm101@comcast.net)

Phone: 509-238-6549  
E-mail: [smysticmoon@msn.com](mailto:smysticmoon@msn.com)



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**SCUSBC HALL OF FAME BOWLER NOMINATION/BIOGRAPHY FORM**

\_\_\_\_\_  
(Date of Nomination)

\_\_\_\_\_  
(Nominee's Last Name, First Name)

Categories being nominated for:

- Superior Performance       Living       Other
- Meritorious Service       Posthumous       Extraordinary Accomplishment or Recognition

NAME: \_\_\_\_\_ USBC Card # \_\_\_\_\_, (if applicable)

DATE OF BIRTH: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMPETED IN  
LEAGUE BOWLING

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

LOCAL ASSOCIATION  
MEMBER

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
(Name of Local Association(s))

**PERSONAL PARTICIPATION, ACHIEVEMENTS AND CONTRIBUTIONS TO COMMUNITY AND  
SPORT OF BOWLING**

**(If Extraordinary Accomplishment or Recognition, complete accordingly)**

**1. TOURNAMENT COMPETITION:**

*(List years competed and any achievements. Attach additional sheets, if needed)*

SPOKANE COUNTY USBC TOURNAMENT  
(includes SBA and SWBA): \_\_\_\_\_

WASH STATE TOURNAMENT: \_\_\_\_\_

WASH STATE MIXED TOURNAMENT: \_\_\_\_\_

WASH STATE SENIOR TOURNAMENT: \_\_\_\_\_

NATIONAL TOURNAMENT: \_\_\_\_\_



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\_\_\_\_\_  
(Nominee's Last Name, First Name)

**2. BOWLING ACHIEVEMENTS:**

HIGH AVERAGES: \_\_\_\_\_  
HIGH SERIES: \_\_\_\_\_  
HIGH GAMES: \_\_\_\_\_  
HONOR SCORES: \_\_\_\_\_

**3. OFFICES HELD: *(Bowling)***

NATIONAL: \_\_\_\_\_  
STATE: \_\_\_\_\_  
LOCAL: \_\_\_\_\_  
LEAGUE: \_\_\_\_\_

**4. SPECIAL SERVICE TO:**

ASSOCIATIONS AND BOWLERS \_\_\_\_\_  
SPORT OF BOWLING \_\_\_\_\_

**5. CIVIC ACTIVITIES & SERVICE:**

FELLOWSHIP CLUBS / LODGES: \_\_\_\_\_  
COMMUNITY SERVICE CLUBS: \_\_\_\_\_  
OTHER AFFILIATIONS, ETC: \_\_\_\_\_

**6. YOUTH BOWLING:**

BOWLING: \_\_\_\_\_  
COACH: \_\_\_\_\_  
REGISTERED VOLUNTEER (RVP): \_\_\_\_\_

**7. ADDITIONAL PERSONAL INFORMATION**

*(Attach Additional Sheets)*

**8. RECOMMENDED BY:**

*(Requires two (2) Signatures)*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Please attach additional Bio Sheet(s), if needed.**



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\_\_\_\_\_  
(Nominee's Last Name, First Name)

**HALL OF FAME - APPLICATION PROCESSING**

DATE APPLICATION RECEIVED / BY WHOM: \_\_\_\_\_ / \_\_\_\_\_

DATE RECEIVED BY HALL OF FAME COMMITTEE: \_\_\_\_\_

DATE ACKNOWLEDGEMENT OF APPLICATION RECEIVED IS SENT TO SUBMITTERS: \_\_\_\_\_

ACTION TAKEN BY HALL OF FAME COMMITTEE:  
(i.e. verified criteria, recommended to board, returned to submitter with reason and resubmission process)

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

DATE ELECTED BY BOARD TO HALL OF FAME: \_\_\_\_\_

DATE INDUCTED INTO HALL OF FAME: \_\_\_\_\_

**Records:**

If elected and inducted:

- \_\_\_\_\_ Original application retained by Association Manager
- \_\_\_\_\_ Copy retained by Hall of Fame Committee

If not elected and inducted:

- \_\_\_\_\_ Original returned to submitter
- \_\_\_\_\_ Copy retained by Hall of Fame Committee