

**NOMINATION FORM
FIRST COAST USBC HALL OF FAME
MERITORIOUS SERVICE**

Name of Nominee _____ Phone Number _____
Address _____
City _____ ZIP _____ E-Mail _____ Birthday _____

List all offices held in the First Coast USBC or previous associations, years (dates), committees served on, etc. _____

List work with other bowling organizations at National or State Level, committees served on etc. _____

List special service accomplishments to bowling: _____

List other interesting facts: _____

Nominees not inducted will be retained for **ONE** year. After that, a new form must be submitted.

Submit Form To:
First Coast USBC
P.O.Box 26345
Jacksonville, FL
32226

Submitted by: _____
Address: _____
Phone: _____
E-Mail: _____

Any additional information can be included on back of page or on additional pages.

DEADLINE: February 01 of Current Year