

NOMINATION FOR GA STATE USBC WBA HALL OF FAME
SEASON 2016 - 2017

Award for Superior Performance

Name of Nominee: Miss _____
Mrs. _____
Ms. _____
(First) (Middle) (Last)

(Her Current Address) (City) (State) (Zip)

Birthdate: _____
(Date) (Year) (Name of Nearest Relative) (Relationship)

Member of: _____
(Local Association) (State Association)

Highest averages(s) attained: _____
Avg. Year Avg. Year Avg. Year Avg. Year Avg. Year

Highest series bowled: _____
Series Year Series Year Series Year Series Year Series Year

Highest game(s) bowled: _____
Game Year Game Year Game Year Game Year Game Year

Georgia Women's Bowling Association Tournaments Entered (5):

Year City Year City Year City Year City Year City

Georgia State Association Tournament Title(s) Won: Year Score

National WBA Title(s) Won:

Submitted by:

Signature - Georgia State USBC WBA Board Member

ATTACH A SEPARATE SHEET FOR INFORMATION ON:

Address

Performance in other Georgia affiliated tournaments.

City State Zip

Other Special Awards or Honors in the Bowling Field.

Telephone Number