

WAL-ROC HALL OF FAME NOMINATION FOR MERITORIOUS SERVICE

Date: _____

Name of Nominee: _____
Last name
First
Middle

Current Address: _____
Street
City
State
Zip

Bowling ID Number: _____ Telephone Number (Include area code): _____

Qualifications: All Nominees to the Hall of Fame must have been an active member of the Wal-Roc USBC or one of its merged member associations for a period of no less than 10 years. In addition, all nominees must have reached a minimum age of 50 to be considered eligible. All candidates in the Meritorious Service Category must show evidence of distinguished service over a period of years in promotion of the sport of bowling and the Wal-Roc USBC. This required a special dedication to the program, welfare, and repute of the sport of bowling and the associations which govern it, above and beyond the call of duty.

A point system will be used to avoid selecting based on bias or without supporting documentation. An individual must accumulate 75 points to qualify for nomination.

MERITORIOUS SERVICE

Number of years as:	Points
_____ Director (3 points per year)	_____
_____ President (7points per year)	_____
_____ League President (4 points per year)	_____
_____ Vice President (4 points per year)	_____
_____ League Vice President (2 points per year)	_____
_____ Association/Manager/Secretary (7 points per year)	_____
_____ League Secretary/Treasurer (4 points per year)	_____
_____ Youth Coach (5 points per year)	_____
_____ Tournament Manager (5 points per year)	_____
_____ Lane Certification Inspector (5 points per year)	_____
_____ Owner/Proprietor of Bowling Center (5 points per year)	_____
_____ Manager of a Bowling Center (5 points per year)	_____
Total Points:	_____

Nominee's special honors and bowling contributions not included in any of the mentioned categories:

Nearest

Relative: _____

Name

Relationship

Address: _____

Street

City

State

Zip

MAIL or EMAIL NO LATER THAN SEPTEMBER 21st to:

Karen Klabunde – Association Manager

PO Box 395

Genoa City WI 53128-0395

karen@wal-roc.org

Submitted by:

Name: _____

Street Address: _____

City, State and Zip: _____

Phone number: _____

Signature: _____

www.wal-roc.org