

ORLANDO REGIONAL USBC BOWLING ASSOCIATION  
HALL OF FAME  
NOMINATION FORM

1. CATEGORY: CHECK ONE

MERITORIOUS SERVICE \_\_\_\_\_ BOWLING  
ABILITY \_\_\_\_\_

LIVING \_\_\_\_\_ YES or NO \_\_\_\_\_ IF NO, INDICATE ON LINE #9  
DATE OF DEATH, NAME OF SURVIVORS AND  
RELATIONSHIP TO THE DECEASED.

2. NAME OF

CANDIDATE: \_\_\_\_\_

—

3.

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

\_\_\_\_\_

4. MARITAL STATUS: \_\_\_\_\_

5. NUMBER OF YEARS BOWLING: \_\_\_\_\_

6. NUMBER OF YEARS ASSOCIATED WITH THE ORLANDO  
REGIONAL USBC

(included is Orlando WBA, Seminole County BA and WBA)

7. POSITIONS HELD AND/OR ACCOMPLISHMENTS IN  
ORLANDO WBA, BA, SEMINOLE COUNTY WBA or BA,  
ORLANDO REGIONAL USBC

\_\_\_\_\_

8. POSITIONS HELD AND/OR ACCOMPLISHMENTS IN  
OTHER

ASSOCIATIONS: \_\_\_\_\_

YOUTH: \_\_\_\_\_

ADULT: \_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_

10. GENERAL

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. NAME OF

SUBMITTER: \_\_\_\_\_

\_\_\_\_\_

12. PHONE #: \_\_\_\_\_

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

\_\_\_\_\_

13. SIGNATURE: \_\_\_\_\_

14. DATE: \_\_\_\_\_

SUBMIT COMPLETED FORM by **April 13, 2023** TO:  
PETE PIERCE, HALL OF FAME  
108 SOPHIA MARIE COVE  
SANFORD, FL. 32771  
EMAIL: [PIERCEB64@AOL.COM](mailto:PIERCEB64@AOL.COM) or the  
[ORLANDOREGIONALUSBC@GMAIL.COM](mailto:ORLANDOREGIONALUSBC@GMAIL.COM)