

**MASSACHUSETTS WBA**  
**MWBA HALL OF FAME**  
**SUPERIOR PERFORMANCE NOMINATION FORM**

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Nominee must have bowled in 10 MWBA Championship Tournaments unless injury or illness has shortened her career. She must have won STATE recognition for her bowling ability and must have an outstanding record in MWBA Championship Tournaments.  
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PLEASE TYPE or PRINT Date \_\_\_\_\_

Name of Nominee ( ) Miss ( ) Mrs. Phone ( ) \_\_\_\_\_

\_\_\_\_\_

Last Name	First Name	Maiden/Middle Name
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Current Address \_\_\_\_\_  
Street City & State Zip Code

E-mail Address \_\_\_\_\_

Local and State Association Membership (# of years current and # of years previous)  
\_\_\_\_\_

**BOWLING ACCOMPLISHMENTS**  
**STATE**

List all MWBA Championship Tournaments (Scratch Doubles, 500, 600 Club or Senior) won, including event, year and score \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other state and/or regional titles (WASA, NEWBA, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other state honors (Bowler of Year, Season High Average, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other state records held, scoring accomplishments, honors won, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCAL**

List all local championship tournaments won, including event, year and score \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERIOR PERFORMANCE - BOWLING ACCOMPLISHMENTS - continued

List other local titles (POA tournament, etc.) \_\_\_\_\_

List other local honors (high average, high series, league championship, etc.) \_\_\_\_\_

NATIONAL

List ALL USBC (formerly WIBC) titles won, records held, honors won, number of USBC/WIBC Championship Tournaments competed in, etc. \_\_\_\_\_

Number of MWBA Championship Tournaments competed in \_\_\_\_\_

Career High Game \_\_\_\_\_ Season Average \_\_\_\_\_

High Three Game Series \_\_\_\_\_ High Four Game Series \_\_\_\_\_

\*\*\*\*\*

Nominee's special honors or citations for bowling, service, contributions, # of USBC/WIBC and/or MWBA Conventions attended, etc. \_\_\_\_\_

SUBMITTED BY:

\_\_\_\_\_  
Please print name Signature

\_\_\_\_\_  
Street City & State Zip Code

\_\_\_\_\_  
E-mail Address Phone ( ) \_\_\_\_\_

Mail NOT LATER than September 15 to:

MASSACHUSETTS USBC WBA  
Judy Webb, Manager  
86 Ballardvale Road  
Andover, MA 01810-4858  
(978-475-5951)

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Information submitted for persons not selected will be kept in the committee's active file for 3 years. This means nominees will automatically be reconsidered annually and it will not be necessary to submit new nomination forms annually. However, additional information will be appreciated.

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