

Massachusetts Tri-County USBC Bowling Association, Inc.  
 16 Griswold Cir, Granby, MA 01033  
 (413) 244-4927

## Application for MTCUSBCBA Hall of Fame for Meritorious Achievement (Women)

I \_\_\_\_\_ a member of the Mass. Tri-County USBC Bowling Association wish to recommend to the Board of Governors of the MTCUSBC Hall of Fame the following individual for consideration as a candidate in the Meritorious Achievement category.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Accomplishments

Please be as specific as you can. The Board of Governors must have pertinent information if it is to make any recommendation. Please read the category requirements as outlined in the MTCUSBC yearbook. Section point totals are shown below for your convenience.

<b>Section 1</b>
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<b>Championships WON</b>
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	MTCUSBC	MAUSBC	National	
Teams	3	7	20*	*50% of points will be given for 2nd - 5 th place finish, and 25% of points will be given for 6th - 10th place finish in these events at the National Open Championship only
Doubles	6	11	25*	
Singles	9	15	30*	
All-Events	11	18	40*	
500/600/700	3	-	40	
Senior	2	5	25	

**Section 2**

**League Achievement**

800 Series	8
700 Series	1
300 Game	4
11 in a row	2

**Section 3**

**MTCUSBC Average**

220 or Higher	8
20-219	5
190-199	2

(75 points required) Championships Won: Teams, Doubles, Singles, All Events on the Association, State and/or National Level. Masters championships, NEBA championships and other sanctioned tournament finishes. Points earned follow the chart from section 1.

(50 points required) League Achievements: 800 and 700 series rolled, 300 and 11 in a row games bowled with points earned based on the information from section 2.

(50 points required) League Averages: Averages over 200 by year following the point system from section 3.

Attach any and all materials dealing with this recommendation to this form. Be specific, a proper evaluation cannot be made unless all pertinent data is provided and verified.

Please remember that a candidate's name can be resubmitted if necessary.

Sponsors Address \_\_\_\_\_ Phone \_\_\_\_\_