

HOW TO SUBMIT NOMINATIONS FOR THE
CHATTANOOGA AREA USBC BOWLING ASSOCIATION, INC
HALL OF FAME

If you are interested in submitting the name of a candidate for the CABA Hall of Fame, Please complete the appropriate nomination form and return it **NO LATER THAN MARCH 15TH OF THE CURRENT SEASON** to:

Randall Lockhart, CABA President
143 Hobbs Ridge Rd
Dunlap, Tn 37327

Or any CABA Board Member

Any Chattanooga Area USBC Bowling Assoc. member may submit nominations in either of the two categories – Superior Performance or Meritorious Service. **Basic qualifications are listed at the top of each form.**

Please note that in order to meet the basic qualifications for nomination in the Superior Performance category, a nominee must hold a Chattanooga City Championship Title (CABA, GCBA, CWBA team, doubles, singles or all events title).

If a candidate has not been selected for induction into the CABA Hall of Fame after two (2) years on file, it becomes the responsibility of the submitting person to resubmit another nomination form.

All nominations are carefully reviewed by the CABA Hall of Fame Committee and presented to the CABA Board of Directors for approval before being submitted at the annual CABA Membership meeting for election by the membership.

Information and forms can be found on the CABA Website: **chattanoogabowling.com**

**CHATTANOOGA AREA USBC BOWLING ASSOCIATION, INC.
 NOMINATION FORM FOR CABA HALL OF FAME
 SUPERIOR PERFORMANCE CATEGORY**

Nominee must have bowled in at least ten (10) Championship Tournaments unless injury or illness has Shortened their career. They must have earned outstanding citywide recognition for their bowling ability.

Name of Nominee: _____

Current Address: _____

Birthday (must have reached the age of 40): _____ Phone Number: Area Code(____) _____

Years bowled in Chattanooga Associations (must be at least 10 years) _____ to _____

BOWLING ACCOMPLISHMENTS

Highest certified league average _____ Season _____

Highest certified game rolled _____ Year _____ Highest certified series rolled _____ Year _____

Local Championship Tournament: Number of Local Championship Tournaments participated in _____

List Tournaments where nominee finished in the top three (3).

Local Championship Tournaments: _____

Year	Event	Placed	Individual Scores	
			Scratch	Handicap

Other Tournaments:

Year	Event	Placed	Individual Scores	
			Scratch	Handicap

BOWLING HONORS: List any special honors nominee may have earned for bowling, service, records held which are not included in any other section: _____

State why you or your nominator feels that this nominee should be considered for the CABA Hall of Fame for Superior Performance: _____

Please attach additional sheets if necessary for complete information.

ENDORSEMENT

Nominator's Signature

Street Address

City State Zip Code

**CHATTANOOGA AREA USBC BOWLING ASSOCIATION, INC.
NOMINATION FORM FOR CABA HALL OF FAME
MERITORIOUS SERVICE CATEGORY**

Nominee must have distinguished themselves through outstanding service to the Chattanooga Bowling Associations and must have been a member of the Chattanooga Bowling Associations for at least 10 years. (CABA, CWBA, GCBA or Chattanooga YABA)

Name of Nominee: _____

Current Address: _____

Birthday (must have reached the age of 40): _____ Phone Number: Area Code () _____

Years Bowled in Chattanooga (must be at least 10 years) _____ to _____

SERVICE ACCOMPLISHMENTS: List league offices held and number of years held, service as a local association officer, board member, organization of leagues, etc. _____

List Committees served on: _____

List positions held with the youth (officer, director, coach) or any committee service: _____

SPECIAL HONORS: List special honors for bowling, service, contributions, etc, which has not been Included in any of the above categories: _____

Why do you think this individual should be considered as a nominee for the CABA Hall of Fame and how
Have their accomplishments benefited bowling in general? _____

ENDORSEMENT

Nominator's Signature

Street Address

City State Zip

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY FOR COMPLTE INFORMATION.