

Hall of Fame Nomination Form

Check one Category:	SUPERIOR PERFORMANCE (Male) SUPERIOR PERFORMANCE (Female)	
Please type or print)	MERITORIOUS SERVICE (Open)	
•• •	<i>TE</i> :	
	sthumous:	
(Note: if Posthumous non	tion * denotes information completed is for next of kin/award recipient)	
Address*:	City:	
State:	p:Phone*:	
Next of Kin or Recipi	of Award if Posthumous:	
Marital Status: Marrie Singl	-	
Date of Birth:	Place of Birth:	
# Years Member of U	C (ABC/WIBC):	
[‡] Years Member in St	narles County Association (ABC/WIBC/YABA):	
# Years Participated in	t Charles County Association Tournaments:	
*****	***********	****
PROPOSER NAM	:	
Address:	City:	
State:Zip:	Phone:Signature:	
State: Zip: _	-	

CHARACTERISTICS OF CANDIDATE: (Personality, Leadership, Dedication)

 submit via USPS to:
 St. Charles Co. USBC, Attn: HOF Committee Chair

 300 Fort Zumwalt Square, Suites 127 & 128

 O'Fallon, MO 63366

 Via email to:

 stcharlesusbc@centurytel.net

 Nominations <u>MUST</u> be postmarked or time stamped on or before 15 March (of the current year) to be

 considered. Forms will be kept on file for one year.
 Date Received: