



HALL OF FAME
NOMINATION -
PERFORMANCE

THE NOMINEE FOR THIS AWARD MUST HAVE BEEN A MEMBER IN GOOD STANDING OF THIS ASSOCIATION FOR AT LEAST FIFTEEN YEARS. THIS NOMINEE DOES NOT HAVE TO BE A CURRENT BOWLER AND CAN BE CONSIDERED POSTHUMOUSLY. ALL NOMINATIONS WILL BE REVIEWED AND RATED BY A SLATE OF CURRENT HALL OF FAME MEMBERS. THIS NOMINEE MUST HAVE DEMONSTRATED EXCEPTIONAL SKILL OR PARTICIPATED IN LOCAL ASSOCIATION LEAGUES AND ASSOCIATION SPONSORED TOURNAMENTS WHICH FAR EXCEEDS THAT OF THE AVERAGE MEMBER. FEEL FREE TO ATTACH ADDITIONAL PAGES.

NAME OF PERSON BEING NOMINATED:

_____ LIVING _____ POSTHUMOUS _____

BELOW PLEASE PROVIDE:

HAS THE NOMINEE BEEN A MEMBER OF THIS ASSOCIATION FOR AT LEAST 15 YEARS? YES NO

NAME OF LOCAL ASSOCIATION TOURNAMENTS COMPETED IN _____

WHAT SEASONS DID NOMINEE COMPETED IN THESE LOCAL TOURNAMENTS _____

LIST ANY LOCAL TOURNAMENT ACCOMPLISHMENTS _____

DID NOMINEE SPONSOR/RECRUIT ANY TEAMS? HOW MANY? GIVE DETAILS

BOWLING AWARDS AS APPLICABLE: 300'S _____ 11-IN-A-ROW _____

700 SERIES _____ 800 SERIES _____ HIGHEST BOOK AVG _____

LIST ANY SPECIAL HONORS NOMINEE MAY HAVE RECEIVED: (BOWLER OF YEAR/COACH OF THE YEAR/INDUSTRY AWARDS) _____

NUMBER OF LOCAL LEAGUES CURRENTLY PARTICIPATING IN AND CURRENT AVERAGE: _____



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HAS THE NOMINEE PARTICIPATED IN ANY STATE AND NATIONAL TOURNAMENTS _____

NAME OF THOSE TOURNAMENTS AND NUMBER OF YEARS OF PARTICIPATION: _____

LIST ANY STATE OR NATIONAL TOURNAMENT ACCOMPLISHMENTS _____

DID NOMINEE SPONSOR/RECRUIT ANY TEAMS? HOW MANY? GIVE DETAILS

DETAIL OTHER QUALIFICATIONS APPLICABLE TO THE PARTICIPATION/PERFORMANCE THAT NEED TO BE CONSIDERED BY THE HALL OF FAME COMMITTEE DURING THEIR RATING PROCESS. PLEASE FEEL FREE TO INCLUDE ANY ADDITIONAL INFORMATION THAT PERTAIN TO SERVICE AND VOLUNTEER WORK FOR THE LOCAL ASSOCIATION.

PLEASE USE ADDITIONAL PAPER IF NECESSARY TO PROVIDE ANY OF THE REQUESTED INFORMATION.

NOMINATIONS WILL BE CHECKED FOR ACCURACY. ANY FACTS DEEMED UNTRUTHFUL WILL BE REDACTED FROM THE NOMINATION FORM PRIOR TO SUBMISSION TO THE COMMITTEE. SIGNATURE OF NOMINATOR IS REQUIRED.

BY SIGNING BELOW, I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT FACTS INCLUDED IN THIS NOMINATION FORM ARE TRUE AND CORRECT.

SIGNATURE

DATE