



HALL OF FAME
NOMINATION –

SERVICE

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 PROVIDED LEADERSHIP AND/OR SELFLESS AND DEDICATED, MERITORIOUS SERVICE TO THIS ASSOCIATION WHICH FAR EXCEEDS WHAT IS EXPECTED. 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

HAVE YOU SERVED AS A LEAGUE OFFICER? IF SO WHAT OFFICE AND HOW MANY YEARS? _____

DID YOU SERVE AS A DIRECTOR/OFFICER ON ANY OF THE LOCAL ASSOCIATION BOARDS? IF SO WHAT BOARD? POSITION(S) HELD? HOW MANY YEARS? _____

DID YOU VOLUNTEER AT ANY ASSOCIATION EVENTS? IF SO WHEN AND WHERE? _____

WERE YOU INVOLVED IN THE YOUTH PROGRAM? DID YOU COACH AND/OR RUN A YOUTH PROGRAM? GIVE DETAILS _____

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

NUMBER OF LEAGUES CURRENTLY PARTICIPATING IN AND CURRENT AVERAGE: _____

DID YOU SPONSOR ANY TEAMS FOR LOCAL, STATE, OR NATIONAL TOURNAMENTS? HOW MANY? DID YOU RECRUIT BOWLERS TO COMPETE IN TOURNAMENTS OR LEAGUES? GIVE DETAILS _____



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DETAIL OTHER QUALIFICATIONS APPLICABLE TO THE SERVICE AND/OR PERFORMANCE THAT NEED TO BE CONSIDERED BY THE HALL OF FAME OF COMMITTEE DURING THEIR RATING PROCESS. PLEASE FEEL FREE TO INCLUDE ANY INFORMATION ABOUT PERFORMANCE AND PARTICIPATION WITHIN THE LOCAL ASSOCIATION AS WELL.

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