

SAGINAW BOWLING HALL OF FAME

OFFICIAL NOMINATION FORM



Name of Candidate _____ Address _____
City _____ State _____ Zip _____
Phone _____ Single _____ Married _____ Spouse's Name _____
Date of Birth _____ Place of Birth _____ If deceased, date of death _____

YEARS OF BOWLING and/or PROMOTING BOWLING _____

CANDIDATE'S BOOK AVERAGE FOR LAST 3 YEARS _____

AWARDS & ACHIEVEMENTS (including but not limited to news awards, tournament awards, high games, actual series, etc.)

INVOLVEMENT WITH BOWLING GROUPS & ORGANIZATIONS (including but not limited to: Local, State, and National Bowling Associations, Bowling Council, 600 Club, 700 Club, etc.)

CONGENIALITY (SPORTSMANSHIP) OF CANDIDATE:

NAME(S) OF PERSON(S) SUBMITTING NOMINATION _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NO. _____

SIGNATURE _____ DATE _____

PLEASE USE BACK OF PAGE FOR ANY OTHER COMMENTS AND/OR IMPORTANT INFORMATION

WHICH CATEGORY WOULD YOU PREFER TO BE PLACED IN:

SUPERIOR PERFORMANCE _____ MERITORIOUS SERVICE _____ VETERAN _____

