



PSBA HALL OF FAME

NOMINATION FORM (PLEASE TYPE ALL INFORMATION)

NAME OF NOMINEE _____ D. O .B. _____

COMPLETE MAILING STREET ADDRESS _____

CITY, STATE, & ZIP _____

BOWLER'S USBC ID # _____

IF DECEASED, GIVE MONTH AND YEAR OF DEATH _____

FAMILY STATUS: SINGLE _____ MARRIED _____

SPOUSE'S NAME _____

OCCUPATION _____

EMPLOYER _____

NUMBER OF YEARS ACTIVE IN ORGANIZED BOWLING: _____

NOMINATED FOR: BOWLING ACHIEVEMENT _____ MERITORIOUS SERVICE _____

BOWLING ACHIEVEMENT

SANCTIONED 300 GAMES _____ SANCTIONED 800 SERIES _____

SANCTIONED 700 SERIES _____

BOWLED IN _____ PSBA TOURNAMENTS

BOWLED IN _____ ABC TOURNAMENTS

BOWLING ACHIEVEMENTS: _____

BOWLING HONORARIUMS: _____

MERITORIOUS SERVICE

LEAGUE OFFICES HELD: _____

ASSOCIATION OFFICES HELD: _____

STATE OFFICES HELD: _____

NATIONAL OFFICES HELD: _____

CONTRIBUTIONS TO PSBA ACTIVITIES: _____

BOWLING GAME PROMOTION ACHIEVEMENTS: _____

NAME OF PERSON MAKING NOMINATION: _____

ADDRESS _____

CITY, STATE, & ZIP _____

PHONE NUMBER: DAY _____ NIGHT _____

ATTACH ADDITIONAL PAGES IF NEEDED TO BACK OF FORM

FORWARD NOMINATION TO THE PSBA MANAGER BY DEC. 31ST VIA CERTIFIED MAIL.

NAME OF LOCAL BOWLING ASSOCIATION: _____

SIGNATURE: _____ DATE SUBMITTED: _____