

NOMINATION FORM FOR GREATER GRAND RAPIDS BOWLING HALL OF FAME

Nominee must have distinguished themselves through outstanding services and/or their bowling accomplishments in the Greater Grand Rapids area and have been involved in the sport of bowling for a minimum of 15 years, (unless their career was shortened by illness or death). Nominee may be living or deceased and not less than 40 years of age.

Mr. _____ Date: _____
 Name of Mrs. _____
 Nominee Miss _____

Current Address _____ (First) _____ (Middle) _____ (Last)

Birthdate _____ (City) _____ (State) (Zip) _____
 Phone _____
 (Month) (Date) (Year)

Nearest Relative _____ (Name) _____ (Relationship)
 Address _____ Phone _____
 (City) (State) (Zip)

Nominee's career high game _____ Number of years bowled? _____
 Nominee's career high series _____ Number of years bowled in GR _____
 Nominee's career high average _____

Bowling Accomplishments

League

List league titles won, records held, scoring
 Accomplishments, etc. _____

Service accomplishments

League

List league name: office held:
 length of service, etc. _____

Local Association

List all local association tournaments won,
 Giving event, year, and score. _____

Local Association

List office held, (include length of
 service in each office), years on
 board of directors: committees, etc.

Bowling Accomplishments (cont.)

Local Association

List all local association titles won; records held; scoring accomplishments; honors won, (season high game/series, etc.) giving event, year, and score. _____

List all local association honors, (All City Team, etc.) Giving event and year. _____

State

List state association titles won, records held, scoring accomplishments, honors won, etc. Giving event and score/year. _____

National

List WIBC/ABC titles won, records held, scoring accomplishments, honors won, etc. _____

Service Accomplishments (cont.)

Local Association

List services at local level with Junior programs, (officer, director, coach, etc.), including length of service for each _____

List services with other local organizations, (Bowling Council, Proprietor, Team Sponsorship, etc.) Include length of service for each. _____

State

List services as state association officer, board member, junior bowling association, bowling council, etc. Include length of service. _____

National

List service as WIBC/ABC officer, director, YABA programs, etc. Include length of service. _____

(Use additional sheets if more space is necessary for completion of form.)

Please mail to Pat Cross at 2955 Deer Run, Marne, Mi 49435.

SUBMITTED BY:

(Name)

(Address)

(City, State, Zip)

(Phone No.)