



Application for Enrolment into the NORTHERN ONTARIO 5-PIN BOWLERS ASSOCIATION HALL OF FAME

**** PLAYERS' DIVISION ****

DATE SUBMITTED: _____

NAME OF NOMINEE*: _____

Nominee's Information:

Street Address: _____
City/Town: _____
Postal Code: _____
Telephone: Preferred: [] _____

Name of Local Association: _____

*If your Nominee is deceased, is there someone you have in mind who will accept your Nominee's Hall of Fame Enrolment Awards? Yes No
If "yes", please provide:

Name: _____
Street Address: _____
City/Town: _____
Postal Code: _____
Telephone: Preferred: [] _____

1. How many times has the Nominee bowled in the Provincial "Open" Championships? _____ years. Also provide Province if other than Northern Ontario:

	<u># of Times</u>	<u>ASSOCIATION</u>	<u>PROVINCE</u> (If not Northern Ontario)
Singles:	_____	_____	_____
Men's Teams:	_____	_____	_____
Ladies' Teams:	_____	_____	_____
Mixed Teams:	_____	_____	_____

5. List any T.V. appearances and results:

6. Did Nominee ever bowl a SANCTIONED Perfect Game? Yes No

If "yes", how many?

What Years? _____

League or Tournament: _____

Bowling Centre/Location: _____

7. Nominee's approximate lifetime league average? _____

8. List Nominee's other noteworthy 5 Pin Bowling Sanctioned scoring achievements:

9. Nominee's Personal Information:

Age: _____

Date of Birth: _____

Place of Birth: _____

Present Occupation: _____

Employer: _____

10. Is Nominee still bowling in an organized league? Yes No
If "yes" specify:

Name of League(s): _____

Bowling Centre(s): _____

11. If "no" how long since the Nominee retired from bowling? _____

12. Briefly outline why this nomination has been submitted:

13. If the Nominee is selected for enrolment, can you provide us with a high-resolution photograph of the Nominee suitable for display on the *Northern Ontario 5 Pin Bowlers' Association Hall of Fame Web page*?

Yes No _____

Please note: All of the information requested and provided will be held in the strictest confidence, and will be revealed for their consideration only, to the members of the Selection Committee for the Northern Ontario 5 Pin Bowlers' Association's Hall of Fame.

Please provide the following information on the person we should contact for any additional information assistance which might be required for this Nomination.

Name: _____
Street Address: _____

City/Town: _____
Postal Code: _____
Telephone: Main: [] _____

IMPORTANT: This Nomination has been submitted on behalf of a Local Association of the Northern Ontario 5 Pin Bowlers' Association and the following Association Executive must sign it:

President: _____

For NO5PBA Office Use Only:

Date Received: _____

Distribution: Master File: _____
 Computer File: _____
 Selection Committee Members: _____