



## PAT MCNAMARA MEMORIAL ACHIEVEMENT AWARD NOMINATION FORM

**Nominee:** \_\_\_\_\_  
(Full Name)

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Must be a current C5 Cardholder.

List of Participation:

1. Involvement in Northern Ontario 5 Pin Bowlers' Association Number of years

\_\_\_\_\_  
\_\_\_\_\_

2. Involvement in Masters Number of years

\_\_\_\_\_  
\_\_\_\_\_

3. Involvement in Zone Association Number of years

\_\_\_\_\_  
\_\_\_\_\_

4. Involvement in House Association Number of years

\_\_\_\_\_  
\_\_\_\_\_

5. Involvement in Coaching Number of years

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Volunteerism, other than bowling Number of years

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Individual accomplishments within bowling Year Accomplished

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual accomplishments outside bowling Year Accomplished

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Personality traits of submitted candidate

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Brief personal history (family background, place of birth, age etc.)

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Hobbies and other interests

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How did they become involved in the sport?

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Bowling Center affiliation(s)

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Submission By:

\_\_\_\_\_  
Signature (Nominator)

on behalf of:

\_\_\_\_\_  
Zone

\_\_\_\_\_  
Signature (Zone President)

**Submission Deadline:** December 31

Final decision of this award is to be made by the Northern Ontario Executive.  
Presentation place and date of this award is to be decided by the Northern Ontario Executive.  
If you require more room for information, please attach a separate sheet.

**Submit to:** Terri Hamilton, NO5PBA Secretary  
Box 1243  
Red Lake, ON P0V 2M0  
E-mail: [no5pba.secretary@gmail.com](mailto:no5pba.secretary@gmail.com)