

**NOMINATION FORM FOR THE MEN'S HALL OF FAME OF SARASOTA-MANATEE COUNTY FOR MERITORIOUS SERVICE**

A nominee must have distinguished herself through outstanding service for a period of at least ten (10) years.

*FILL OUT THE FORM COMPLETELY - USE ADDITIONAL SHEETS IF NECESSARY*

NAME OF NOMINEE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ LOCAL & STATE ASSOCIATION MEMBERSHIP (Current & Previous):

**SERVICE ACCOMPLISHMENT**

List of offices held in the Bowling Association, if applicable. Include length of time service in each position.

List committees of the Bowling Association you volunteered on or served on, if applicable:

List league positions held. Please include length of time served in each position. \_\_\_\_\_

List service with other organizations (600 Club, 700 Club, professional organizations, etc.)

List service as local association officer, board member, with junior bowling, bowling council, organization of leagues, sponsorship, etc.

**SPECIAL HONORS**

List special honors or citations for bowling, service, contributions: \_\_\_\_\_

**NOMINATION FORM FOR MERITORIOUS SERVICE - Continued**

Number of local Championship Tournaments competed in:

Number of State Championship Tournaments competed in:

Number of National Championship Tournaments competed in:


In 50 words or less, state why you think this individual should be considered as a nominee for the Men's Hall of Fame of Sarasota-Manatee County and how his accomplishments have benefited bowling in general.

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THIS FORM IS TO BE RETURNED NO  
LATER THAN OCT. 1ST

SUBMITTED BY:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State      Zip Code

\_\_\_\_\_  
Phone (include area code)

\_\_\_\_\_  
Signature

Sarasota-Manatee County  
Men's Hall of Fame

Instructions: Submit application to any member of the Men's Hall of Fame