

SARASOTA-MANATEE COUNTY WOMEN'S BOWLING HALL OF FAME APPLICATION FOR SUPERIOR PERFORMANCE

A nominee must have been a member of our association as an adult for a minimum of ten (10) years

FILL OUT THE FORM COMPLETELY - USE ADDITIONAL SHEETS IF NECESSARY

NAME OF NOMINEE: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____

BIRTHDATE _____ EMAIL ADDRESS _____

NUMBER OF LOCAL CHAMPIONSHIP TOURNAMENTS COMPETED IN: _____

NUMBER OF STATE CHAMPIONSHIP TOURNAMENTS COMPETED IN: _____

NUMBER OF NATIONAL CHAMPIONSHIP TOURNAMENTS COMPETED IN: _____

LIST ALL LOCAL CHAMPIONSHIP TOURNAMENTS WON, IF ANY. GIVE EVENT, YEAR AND SCORE.

LIST ALL STATE AND/OR NATIONAL CHAMPIONSHIP TOURNAMENTS WON, IF ANY. GIVE EVENT, YEAR AND SCORE.

LIST HIGHEST AVERAGE: _____ SERIES (3 GAMES): _____ GAME: _____

NUMBER OF YEARS BOWLED: _____ IF ACTIVE, NUMBER OF LEAGUES PRESENTLY BOWLING IN: _____

LEAGUE NAME/CENTER _____

LEAGUE NAME/CENTER _____

LEAGUE NAME/CENTER _____

LIST OTHER HONORS WON, SCORING ACCOMPLISHMENTS, ETC.

STATE ANY OTHER INTERESTING FACTS: _____

In 50 words or less, state why you think this individual should be considered as a nominee for the Sarasota-Manatee County Women's Bowling Hall of Fame.

**THIS FORM IS TO BE RETURNED
NO LATER THAN DEC 15TH TO ANY
WOMEN'S HALL OF FAME OFFICER**

SUBMITTED BY:

Name (Please Print)

Address

City, State, Zip Code

Phone (include area code)

E-Mail Address

Signature

To Be Filled Out by Women's HOF Officer

Received by: _____

Date: _____

Rev 5/31/15