

**NOMINATION FORM FOR THE MEN'S HALL OF FAME OF SARASOTA-MANATEE COUNTY FOR SUPERIOR PERFORMANCE**

A nominee must have bowled in ten (10) Championship Tournaments, unless injuries or illness has shortened his career, and must have won city recognition for bowling ability.

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

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

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

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

NUMBER OF LOCAL CHAMPIONSHIP TOURNAMENTS PARTICPATED IN: \_\_\_\_\_

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

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LIST OTHER HONORS WON, SCORING ACCOMPLISHMENTS, ETC.

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LIST HIGHEST AVERAGE: \_\_\_\_\_ SERIES (3 GAMES): \_\_\_\_\_ GAME: \_\_\_\_\_

IF ACTIVE, NUMBER OF LEAGUES PRESENTLY BOWLING IN: \_\_\_\_\_

# OF YEARS BOWLED: \_\_\_\_\_

STATE ANY OTHER INTERESTING FACTS: \_\_\_\_\_

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THIS FORM IS TO BE RETURNED NO LATER THAN OCT. 1<sup>st</sup>

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

SUBMITTED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_