



Nomination For The Ohio Bowling Hall Of Fame

AWARD FOR MERITORIOUS SERVICE

This award is for anyone contributing outstanding service to the general welfare and progress of the game of bowling in the State of Ohio for a period of fifteen (15) years. (Requirements for years of service do not apply for posthumous candidates.)

Please TYPE OR PRINT all information.

Date: _____ Date of Birth: _____ Nominee is: Living: _____ Deceased: _____

Name of Nominee: _____

Current Address: _____

City, State, Zip Code: _____ E-Mail: _____

USBC Bowlers I.D. No.: _____ Nearest Relative: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

MAIL NO LATER THAN FEBRUARY 1, TO:

Ruth Heath-Trott, Secy.
Ohio Bowling Hall of Fame
P.O. Box 456 | Montpelier, Ohio 43543

TWO SIGNATURES REQUIRED:

Signature _____ Please Print Name _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Signature _____ Please Print Name _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Email: _____



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AWARD FOR MERITORIOUS SERVICE

State:

Information of outstanding service rendered, offices held on State BA or WBA, work with Youth Bowling Association, Bowling Council, Media, Bowling Centers Association of Ohio, etc.

Offices held, Committees Served - include no. of years each:

List special initiatives, contributions and explain how the nominee accomplished these actions

Other Bowling Organizations _____

National

Information of outstanding service rendered, offices held on State BA or WBA, work with Youth Bowling Association, Bowling Council, Media, Bowling Centers Association of Ohio, etc.

Offices Held—include no. of years:

Committees Served —include no. of years:



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Local:

Information of outstanding service rendered, office held, work with Youth Bowling Association, Bowling Council, Media, Bowling Centers Association of Ohio, etc

Special Honors

List any special honors (Examples: Local/State Hall of Fame, Bowler of Year, Industry Awards, etc.)

Nomination form must be approved as accurate before it is submitted. Please sign below to verify the information is complete and accurate to the best of your knowledge.

Submitter _____ Date _____