

Nomination For The Ohio Bowling Hall Of Fame $\underbrace{AWARD\ FOR}$

PIONEER

This award is for anyone who has contributed outstanding service and/or have sanctioned/certified bowling accomplishments worthy of Superior Performance in the State of Ohio prior to 30 years ago. Applicants in the Superior Performance Category must have at least one State, National or Professional title to be qualified. (Certification requirements do no apply to 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:	ve:Relationship:		
Address:	City:		ip: Phone:	
MAIL NO LATER THAN FEE	Ohio Bowlin	Trott, Secy. g Hall of Fame 3 Montpelier, Ohio 43543		
TWO SIGNATURES REQUIR	RED:			
Signature	Please Print Name			
Address:	City:	State: Z	ip: Phone:	
Email:				
Signature		Please Print Name		
Address:	City:	State: Z	ip: Phone:	
Email:				



If Pioneer Candidate is to be recognized for Superior Performance, complete Pages 2 with signature on page 3

	Ju bowicu iii:	Local:	State:	USBC:
How many years was nominee	a member of Lo	cal Assn	Ohio State Assn	National
List performances in (ABC/WIBC	C) USBC local tou	ırnaments. Top	Five (5) finishes only.	
List performances in (BA/WBA) :	state tournamen	ts. Top Five (5)	finishes only.	
,		,	·	
Please indicate whether tournar	ment was a profe			
List performances in other certifold Please indicate whether tournare by the bound of the bound	ment was a profe			
Please indicate whether tournar BOWLING ACCOMPLISHMENT Please fill in the following inform	ment was a profession. TS nation on the no	essional or Am	ateur event. Top Five (5)	te as you possibly can.
Please indicate whether tournar BOWLING ACCOMPLISHMENT Please fill in the following inform Highest Average	rs nation on the no	essional or Am	ateur event. Top Five (5) portant to be as completed	te as you possibly can. ears 200 Average
BOWLING ACCOMPLISHMENT Please fill in the following inform Highest Average Highest Game	rs nation on the no Year Year	essional or Am	oortant to be as complet Number of y Number of 3	te as you possibly can. ears 200 Average
Please indicate whether tournar BOWLING ACCOMPLISHMENT Please fill in the following inform Highest Average	rs nation on the no Year Year Year	essional or Am	oortant to be as complet Number of 3 Number of 8	te as you possibly can. ears 200 Average 00 Games 00 Series



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STATE

•	or , Meritorious Service, complete page 3 ed, office held, work with Youth Bowling Association, Bowling Coun- cil, Media, Offices held, Committees Served - include number of years each:
NATIONAL Offices held, Committees Served –include	number of years each:
List any special honors (Examples: Local/S	State Hall of Fame, Bowler of Year, Industry Awards, etc.
Nomination form must be approved a information is complete and accurate	s accurate before it is submitted. Please sign below to verify the to the best of your knowledge.
Cubasittas	Dete
Submitter	Date