



Ontario 5 Pin Bowlers' Association

3 Concorde Gate, Suite 209, Toronto, Ontario, M3C 3N7
Telephone: (416) 426-7167 Fax: (416) 426-7167 Website: www.o5pba.ca

NOMINATION FOR ENROLMENT IN THE HALL OF FAME

** PLAYERS' DIVISION **

O5PBA LOG #: _____

DATE SUBMITTED: _____

NAME OF NOMINEE*: _____

Nominee's Information:

Street Address: _____
City/Town: _____
Postal Code: _____
Telephone: Home: [] _____
Business: [] _____

Name of Nominator or

Local Association: _____
Street Address: _____
City/Town: _____
Postal Code: _____
Telephone: Home: [] _____
Business: [] _____

*If your Nominee is deceased, is there someone you have in mind who will accept your Nominee's Hall of Fame Enrolment Awards? Yes No
If "yes", please provide:

Name: _____
Street Address: _____
City/Town: _____
Postal Code: _____
Telephone: Home: [] _____
Business: [] _____

1. How many times has the Nominee bowled in the Provincial “Open” Championships? _____ years. Also provide Province if other than Ontario:

	<u># of Times</u>	<u>ASSOCIATION</u>	<u>PROVINCE</u> <small>(If not Ontario)</small>
Singles:	_____	_____	_____
Men’s Teams:	_____	_____	_____
Ladies’ Teams:	_____	_____	_____
Mixed Teams:	_____	_____	_____

2. Was Nominee ever a Provincial “Open” Champion? Yes No
If “yes”, please provide year(s), Zone Associations represented, and Province if other than Ontario:

	<u>YEAR</u>	<u>ASSOCIATION</u>	<u>PROVINCE</u> <small>(If not Ontario)</small>
Singles:	_____	_____	_____
Singles:	_____	_____	_____
Men’s Teams:	_____	_____	_____
Men’s Teams:	_____	_____	_____
Ladies’ Teams:	_____	_____	_____
Ladies’ Teams:	_____	_____	_____
Mixed Teams:	_____	_____	_____
Mixed Teams:	_____	_____	_____

3. Was Nominee ever a Canadian “Open” Medalist? Yes No
If “yes”, please provide year(s) and Zone Association represented:

	<u>YEAR</u>	<u>ASSOCIATION</u>	<u>PROVINCE</u> <small>(If not Ontario)</small>
Singles:	_____	_____	_____
Singles:	_____	_____	_____
Men’s Teams:	_____	_____	_____
Men’s Teams:	_____	_____	_____
Ladies’ Teams:	_____	_____	_____
Ladies’ Teams:	_____	_____	_____
Mixed Teams:	_____	_____	_____
Mixed Teams:	_____	_____	_____

4. Is or was the Nominee a member of the Master Bowlers’ Association of Canada? Yes No.
If “yes”, which Province(s)? _____

What Division?

Tournament: _____
Teaching: _____
Seniors: _____
Lifetime Masters Average: _____
What Years? _____

5. Please list all Provincial Masters Titles won:

6. Please list all National Masters Titles won (specify Singles or Teams) and what year(s):

7. Please list any other major tournaments won by the Nominee:

8. List any T.V. appearances and results:

9. Did Nominee ever bowl a SANCTIONED Perfect Game? Yes No

If "yes", how many? _____
What Years? _____
League or Tournament: _____
Bowling Centre/Location: _____

10. Nominee's approximate lifetime league average? _____

What Years?: _____
League or Tournament: _____
Bowling Centre/Location: _____
League or Tournament: _____
High Single: _____
High Triple: _____
High Five: _____
High Eight: _____
High Ten: _____

11. List Nominee's other noteworthy 5 Pin Bowling Sanctioned scoring achievements:

12. Is or was the Nominee a recognized 5 Pin Bowling Coach or Instructor? Yes No

If "yes", provide detailed information of noteworthy achievements:

13. Nominee's Personal Information:

Age: _____
Date of Birth: _____
Place of Birth: _____
Present Occupation: _____
Employer: _____

14. Is Nominee still bowling in an organized league? Yes No
If "yes" specify:

Name of League(s): _____

Bowling Centre(s): _____

15. If "no" how long since the Nominee retired from bowling? _____

16. Briefly outline why this nomination has been submitted:

17. If the Nominee is selected for enrolment, can you provide us with a photograph of the Nominee suitable for enlargement and display in the *Ontario 5 Pin Bowlers' Association Hall of Fame*?

Yes No _____

18. Can you provide us with copies of any newspaper clippings relevant to the Nominee's 5 Pin Bowling Career?

Yes No _____

19. Could we obtain or borrow any of the Nominee's souvenirs or mementos for display in the *Hall of Fame*?

Yes No _____

Please note: All of the information requested and provided will be held in the strictest confidence, and will be revealed for their consideration only, to the members of the Selection Committee for the Ontario 5 Pin Bowlers' Association's Hall of Fame.

Please provide the following information on the person we should contact for any additional information assistance which might be required for this Nomination.

Name: _____
Street Address: _____
City/Town: _____
Postal Code: _____
Telephone: Home: [] _____
 Business: [] _____

IMPORTANT: If this Nomination has been submitted on behalf of a Local Association of the Ontario 5 Pin Bowlers' Association, the following Association Executive must sign it:

President: _____

Secretary: _____

Treasurer: _____

For O5PBA Office Use Only:

Date Received: _____

Distribution: Master File: _____
 Computer File: _____
 Selection Committee Members: _____