



Ontario 5 Pin Bowlers' Association

Mailing Address Only: 5-18 Ringwood Drive, Suite 129, Stouffville, Ontario, L4A 0N2
Telephone: (416) 426-7167 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

NOMINATION FOR ENROLMENT IN THE HALL OF FAME

** BUILDERS' DIVISION **

NAME OF NOMINEE*:

Check which category mainly applies to your nominee. Check both if you can not truly decide:

- Provincial
 Local

Which of the following categories within the Builder Division of the Hall of Fame best describes your nominee? *Tick one or more:*

	<u>Zone/D.C.</u>	<u>Provincial</u>
Founder:	<input type="checkbox"/>	<input type="checkbox"/>
Proprietor:	<input type="checkbox"/>	<input type="checkbox"/>
Supplier:	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor:	<input type="checkbox"/>	<input type="checkbox"/>
Zone/D.C. Executive:	<input type="checkbox"/>	<input type="checkbox"/>
Provincial Executive:	<input type="checkbox"/>	<input type="checkbox"/>
Publicity:	<input type="checkbox"/>	<input type="checkbox"/>
Coaching:	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please Specify):

DATE SUBMITTED:

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:

- 1. During what years was your Nominee involved as a Builder, in what capacity and in which geographic locations? (i.e. Zone, D.C. Association, Province, etc.).**

2. Nominee's Personal Information:

**Date of Birth:
Present Occupation:
Employer:**

**3. Is your Nominee still involved in 5 Pin Bowling? Yes No
If "yes", describe in what capacity and geographic location:**

**4. Has your Nominee ever been formally recognized or presented with Awards by the Ontario 5 Pin Bowlers' Association or any other Bowling Organization, for their contribution to 5 Pin Bowling? Yes No
If "yes", provide details:**

**5. 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**

**6. Can you provide us with copies of any newspaper clippings relevant to the Nominee's 5 Pin Bowling Career?
 Yes No**

**7. Could we obtain or borrow any of the Nominee's souvenirs or mementos for display in the Hall of Fame?
 Yes No**

8. Please provide on your own or local Association's reasons for submitting this nomination. *Please include any information on the Nominee's contributions and achievements in 5 Pin bowling, as either a Builder or Player, which might not have been elicited in the previous questions.*

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:

For O5PBA Office Use Only:

Date Received: _____

Distribution:

Master File:

Computer File:

Selection Committee Members:

