



Ontario 5 Pin Bowlers' Association

3 Concorde Gate, Suite 302, Toronto, Ontario, M3C 3N7
Telephone: (416) 426-7167 Fax: (416) 426-7364 Website: www.o5pba.ca

NOMINATION FOR ENROLMENT IN THE HALL OF FAME

**** LEGENDS 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>PROVINCE</u>	<u># of Times</u>	<u>ASSOCIATION</u>
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(If not Ontario)

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> (If not Ontario)
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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> (If not Ontario)
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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: _____