



## Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6  
Telephone: (416) 426-7167 Facsimile: (416) 426-7364 Website: [www.o5pba.ca](http://www.o5pba.ca)

### NOMINATION FOR ENROLMENT IN THE HALL OF FAME

#### **\*\* LEGENDS/VETERANS 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> (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)
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)
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?**

<b>Tournament:</b>	_____
<b>Teaching:</b>	_____
<b>Seniors:</b>	_____
<b>Lifetime Masters Average:</b>	_____
<b>What Years?</b>	_____

**5. Please list all Provincial Masters Titles won:**

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

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

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

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

If "yes", how many?

What Years?

League or Tournament:

Bowling Centre/Location:

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10. Nominee's approximate lifetime league average? 

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What Years?:

League or Tournament:

Bowling Centre/Location:

League or Tournament:

High Single:

High Triple:

High Five:

High Eight:

High Ten:

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

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12. Is or was the Nominee a recognized 5 Pin Bowling Coach or Instructor?

☐ Yes ☐ No

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

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**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_