

SUN CITY WEST BOWLER'S HALL OF FAME NOMINATION FORM

1. Nomination Category: (Check one)

Proficiency: []

Meritorious: []

Posthumous: []

(If posthumous nomination, please indicate survivor's name & relationship to the deceased.)

2. Name of Nominee: _____

3. Address: _____ Sun City West, AZ 85375

4. Number of years bowling in a sanctioned Sun City West League: _____ ()

5. Qualifications _____

Proficiency:	Year	Book Average
	_____	Book Average _____
	_____	Book Average _____
	_____	Book Average _____

Meritorious: (Identify specific services)

_____ To _____

Year Year

6. Other Qualifications: (List other achievements/high series/high games, various awards (including, but not limited to any Local, State or National Tournaments)

a. _____

b. _____

c. _____

7. Characteristics: (Detail dedication, leadership, personality, etc.).

a. _____

b. _____

c. _____

8. Name of Preparer: _____

9. Address: _____, Sun City West, AZ 85375

10. Date Nomination Prepared: _____ 2005 Tel. No.: (623) _____

Date Received: _____

To be filled in by BASCW