

SUN CITY WEST BOWLER'S HALL OF FAME 2025 NOMINATION FORM,

NOMINATION CATEGORY: **Circle One**

Proficiency

Meritorious

Posthumous

If posthumous nomination, please indicate survivor's name and relationship to the deceased

PROFICIENCY NOMINATION

Name of nominee: _____

Address: _____ Sun City West, AZ 85375

Number of years bowling in a sanctioned Sun City West League: _____

Qualifications: _____

Proficiency:	Year	Book Average
	_____	_____
	_____	_____
	_____	_____

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. _____

MERITORIOUS NOMINATION

Name of nominee: _____

Address: _____ Sun City West, AZ 85375

Years of service: from (year) _____ to (year) _____

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

A. _____

B. _____

C. _____

Name of preparer: _____ Phone: _____

Address: _____ Sun City West, AZ 85375

Date _____

To be filled in by BASCW: Date Received by BASCW _____

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