BASCW Hall of Fame
2026 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_____

Revised: July 2026