

Nomination Form for the Jackson Bowling Hall of Fame

Nominee must have distinguished themselves through outstanding services and/or their bowling accomplishments. They must have reached the age of Fifty (50) and bowled in the Jackson Area for a minimum of Fifteen (15) years.

Nominee may be living or deceased.

Please Type or Print

Date:										
	Month Day		Day	Year						
					Categ	ory: S	elect On	е		
	Superior Performance			Meritorious Service			ervice	Star of Yesterday		
Name of N	ominee _									
Last Name					First				Middle	
Current Ad	dress						City		State	Zip
		Street					City		State	ΣIÞ
Birth Date					Telephone			one		10/818
	Month		Date		Year					
Nearest Re	elative			****						
		Name							Relationship	
Address		0.00				Phone				
	Street					State	Zip			
Nominated	I By							_Phone		

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(Use additional sheets if necessary)

Career High Game	Number of Years Bowled
Career High Series	Number of Years bowled in Jackson
Career High Average	SERVICE ACCOMPLISHMENTS
BOWLING ACCOMPLISHMENTS	League List league Name Office Held, Length of service Etc
League: List League titles won, records held, scoring accomplishments, etc	
Tournaments: (local, State, National) List all Tournaments won giving event, year and score	Local Association List office held, years on the board of directors, committees, etc (include length of time in each office)
Association Honors. All-star Team, High Series or High Average for the year, Etc	List service with youth programs(office, director, coach, etc.) including length of service
List any other bowling accomplishments. Number of 300's, 700's, 800's etc.	List other services performed: Sponsorships, Promotions etc