



## Hall of Fame Nomination Form – Bowling Ability

Name of Nominee \_\_\_\_\_ D.O.B \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

If Deceased, Give Month and Year of Death \_\_\_\_\_

Family Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employment \_\_\_\_\_

No. of Years as a BCBA Member \_\_\_\_\_ No. of Years Active in Organized Bowling \_\_\_\_\_

### Bowling Achievement

Sanctioned 300 Games \_\_\_\_\_ Sanctioned 700 Series \_\_\_\_\_ Sanctioned 800 Series \_\_\_\_\_

Sanctioned 299 Games \_\_\_\_\_ 11 in a Row \_\_\_\_\_ High Game \_\_\_\_\_ High Series \_\_\_\_\_

Highest League Average \_\_\_\_\_ Bowling Center \_\_\_\_\_

Bowled in \_\_\_\_\_ Butler County Tournaments Bowled in \_\_\_\_\_ USBC Tournaments

No. of Butler County Championships \_\_\_\_\_ Year(s) \_\_\_\_\_ Event(s) \_\_\_\_\_

Bowling Achievements

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Greatest Feat/Accomplishment

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*Please complete both sides.*

Name of Person  
Making Nomination \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Forward Nomination to:  
Brian Marcellus  
126 Hoffman Lane  
Renfrew, PA 16053

*Attach additional pages if necessary.*