



Hall of Fame Nomination Form

1. Category: (check one)

- Outstanding Achievement
- Meritorious Service

2. Name of Candidate: _____

- If the Candidate is deceased, please fill out the following information.

Date of Death: _____

Name of Survivors and relationship to the deceased:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

3. Candidate Address: _____

4. Marital Status: _____

5. Number of Years bowling: _____

6. Number of years associated with the ORUSBC: _____

7. Positions held and/or accomplishments in ORUSBC: _____

8. Positions held and/or accomplishments in other associations: _____

9. General Comments:

10. Name of submitter: _____

Address & Phone: _____

Please submit any information about Candidate to be considered for ORUSBC Hall of Fame Award.

Email completed form to Dwin Kwiatowski dwinkwi@yahoo.com