

# NOMINATION FORM

## HALL OF FAME

SPRINGFIELD DISTRICT WOMEN'S BOWLING ASSOCIATION

**SUPERIOR PERFORMANCE AND MERITORIOUS SERVICE QUALIFICATIONS:** THIS AWARD IS PRESENTED TO A PRESENT OR PAST SPRINGFIELD DISTRICT WBA MEMBER WHO IS IN GOOD STANDING FOR AT LEAST FIFTEEN (15) YEARS. IN RECOGNITION OF A MEMBER'S OUTSTANDING BOWLING PERFORMANCE, SHE MUST HAVE BEEN A SANCTIONED BOWLER AND HAVE RECEIVED RECOGNITION FROM THE SPRINGFIELD DISTRICT WBA FOR HER BOWLING ACCOMPLISHMENTS OR CONTRIBUTED MERITORIOUS SERVICE TO THE SPRINGFIELD DISTRICT WBA.

**VETERANS CATEGORY QUALIFICATIONS:** THIS AWARD IS PRESENTED TO A PRESENT OR PAST SPRINGFIELD DISTRICT WBA MEMBER IN GOOD STANDING FOR 30 YEARS OR MORE AND HAS ATTAINED THE AGE OF 65 OR OLDER. SHE MUST HAVE RECEIVED RECOGNITION FROM THE SPRINGFIELD DISTRICT WBA FOR HER BOWLING ACCOMPLISHMENTS.

THIS FORM IS BEING SUBMITTED FOR: (CIRCLE ONE)

**SUPERIOR PERFORMANCE**

**MERITORIOUS SERVICE**

**VETERANS CATEGORY**

DATE \_\_\_\_\_

NAME OF NOMINEE: MISS/MRS. \_\_\_\_\_  
FIRST MAIDEN LAST

CURRENT ADDRESS CITY STATE ZIP

PHONE NO: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ DECEASED \_\_\_\_\_

MEMBER OF SPRINGFIELD DIST: \_\_\_\_\_ NUMBER OF YEARS A SANCTIONED BOWLER: \_\_\_\_\_

NEAREST RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS CITY STATE ZIP

HIGHEST AVERAGE ATTAINED \_\_\_\_\_ YEAR \_\_\_\_\_

HIGHEST SERIES ATTAINED \_\_\_\_\_ YEAR \_\_\_\_\_

HIGHEST GAME(S) ATTAINED \_\_\_\_\_ YEAR \_\_\_\_\_

SPRINGFIELD DIST. WBA TITLE(S) WON YEAR SCORE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OHIO WBA TITLE(S) WON YEAR SCORE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NATIONAL TITLE(S)

WON

YEAR

SCORE

PERFORMANCE IN OTHER TOURNAMENTS:

OTHER SPECIAL AWARDS OR HONORS IN THE BOWLING FIELD:

OTHER HISTORY PERTAINING TO THE NOMINEE:

ATTACH A SEPARATE SHEET IF NEEDED FOR ADDITIONAL INFORMATION.

**MAIL NOT LATER THAN JANUARY 1<sup>ST</sup> TO:**

**SDWBA ASSOC. MANAGER  
LORA S. STELZER  
2954 SPENCE RD.  
NEW CARLISLE, OHIO 45344**

**AND**

**SDWBA PRESIDENT  
VICKIE R. SIBOLE  
355 N. ISABELLA ST.  
SPRINGFIELD, OHIO 45504**

**THIS FORM MUST BE SUBMITTED BY A  
SPRINGFIELD DISCTRICT WOMEN'S BOWLING ASSOCIATION MEMBER**

SUBMITTED BY: \_\_\_\_\_

NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

STATE

ZIP

\_\_\_\_\_  
PHONE #

TWO ADDITIONAL SDWBA MEMBERS SIGNATURES ARE REQUIRED:

\_\_\_\_\_  
NAME

ADDRESS

CITY

STATE

ZIP

\_\_\_\_\_  
NAME

ADDRESS

CITY

STATE

ZIP