



## Nomination For The Ohio Bowling Council Hall Of Fame

# *Award For Meritorious Service*

Bowling Centers Association of Ohio | Ohio State USBC BA | Ohio USBC WBA | Ohio USBC Youth

This award is for anyone contributing outstanding service to the general welfare and progress of the game of bowling in the State of Ohio for a period of ten (10) years. (Requirements for years of service do not apply for posthumous candidates.)

Please TYPE OR PRINT all information.

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Nominee is: Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name of Nominee \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ A/C Phone \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ A/C Phone \_\_\_\_\_

MAIL NO LATER THAN JANUARY 15, TO: Betty Knott Phone: (614) 237-7885  
3330 Roswell Dr.  
Columbus, Ohio 43227

THREE SIGNATURES REQUIRED:

Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ A/C Phone \_\_\_\_\_

Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ A/C Phone \_\_\_\_\_

Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ A/C Phone \_\_\_\_\_



## Nomination For The Ohio Bowling Council Hall Of Fame

# *Award For Meritorious Service*

Bowling Centers Association of Ohio | Ohio State USBC BA | Ohio USBC WBA | Ohio USBC Youth

### State

Information of outstanding service rendered, offices held, work with Youth Bowling Association, Bowling Council, Media, Bowling Centers Association of Ohio, etc.

What did nominee do?

---

---

---

How did nominee accomplish this action?

---

---

---

What did nominee do?

---

---

---

During what years? \_\_\_\_\_

How did nominee accomplish this action?

---

---

---

What did nominee do?

---

---

---

During what years? \_\_\_\_\_

How did nominee accomplish this action?

---

---

---

List any offices, positions of leadership or committees not listed above, list years of service.

Office/Position/Committee	Years	Office/Position/Committee	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

