

**GEORGIA STATE BOWLING ASSOCIATION, INC
HALL OF FAME NOMINATION FORM**

Date: _____

1. Category: __ Living __ Posthumous (Under comments indicate date of death and closest Survivor)
2. Name of Candidate: _____
3. Address: _____
4. Date and Place of Birth: _____
5. Number of Years a Member of the Georgia State Bowling Association (At Least 10): _____
6. Number of Years as a Sanctioned Bowler: _____
7. Contributions in promoting and fostering the game of American Ten Pins within the Georgia State Bowling Association:
 - a. State Offices held and Years: _____
 - b. State Director and / or Delegate and years: _____
 - c. Committees served upon: _____
 - d. Bowling Promotions: _____
8. History of Participation and Achievements within the State and Local Association sanctioned tournaments.
 - a. Years of Participation in Georgia State Tournament (minimum 10) _____
 - b. Years of Participation in Georgia State All-Star Competition _____
 - c. Years of Participation in Local Association Tournaments and Achievements:
_____ Local Tournaments (_____)
_____ Local Senior's Tournaments (_____)
_____ Other Local Tournaments (_____)
 - d. Years of Participation in Georgia State Senior's Tournament and Achievements: _____
 - e. Years of Participation in other large Tournaments and Achievements: _____

Names of Proposers:

1. _____
2. _____
3. _____

Additional sheets of paper may be used if needed

Mail To:

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