

NOMINATIONS

Name _____

Address _____

Town _____ State /Province _____

Zip Code _____ Telephone _____

Date of Birth _____ Birthplace _____

High School _____ Graduated _____

Prep School / College _____ Graduated _____

Marital Status _____ Name of spouse _____

Children's names and ages _____

Employment _____

Civic Participation / Hobbies _____

If proposed nominee is deceased:

Year of death _____ Nearest Living Relative _____

Relation to deceased _____

Address and telephone _____

Select category for proposed nominee:

Competitive ability

Highs Single _____ High Triple _____ High Five _____ High

Ten _____ High Average _____ Current Average _____

#TV Appearances _____ # State Singles Wins _____

State Doubles Wins _____ # State Team Wins _____

List accomplishments in the candlepin game, including dates, scores,
competitors names, matches, tournaments, etc..

Extraordinary service:

List all contributions made to better the sport of candlepins, include committee assignments, game innovations, leadership, etc.. Please include the number of years involved in candlepin bowling.

If more space is needed you may include additional sheets. Please include a 5 x 7 black and white photograph. Applications must be complete in order to be considered by the committee. All information received by the committee will be

held in complete confidence and shall become the property of the committee.

Person submitting nomination:

Date_____

Name_____

Address_____

Phone_____

Signature_____

Please mail to:
International Candlepin Bowling Association
3 Arrowhead Drive
Bow, NH 03304