



*Nomination Award Form
for
Superior Performance*

In the Sport of American Tenpins

Basic Qualifications: This award is presented to a present or past Ohio WBA/USBC WBA member in recognition of her outstanding bowling performance over a period of years. She must have been a WIBC/USBC and Ohio WBA/USBC WBA member in good standing for at least fifteen (15) years. In case of death, this requirement could be waived. **She must have won at least one Ohio WBA/USBC WBA Championship Tournament title or the Ohio WBA/USBC WBA Queen's title.**

Miss
Name of Nominee: Mrs. _____
First
Maiden
Last

_____ Current Street Address
City
State
Zip
Area Code
Phone
E-mail Address

Birthdate _____ Living _____ Deceased _____ Number of years Ohio WBA/USBC WBA member _____
Date
Year

Member of Association _____ Number of years as a WIBC/USBC member _____

Nearest Relative _____ Relationship _____

Address _____
Street
City
State
Zip
Area Code
Phone
E-mail Address

BOWLING ACCOMPLISHMENTS

Highest Average attained: _____ Year _____ Number of years 200 Average _____

Highest Game: _____ Year _____ Number of 300 games _____

Highest Series: _____ Year _____ Number of 800 Series _____

Number of 700 Series _____

Ohio (state) Tournament title (s) won:	Individual Score	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Local Association tournament title (s) Won:

Individual Score

Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Performance in other certified tournaments. (National, Regional, State, International, Collegiate) Top Five (5) finishes only.

Other special awards or honors in the bowling field, such as Halls of Fame, etc. Any further biographical information that was not presented in any other section of this application.

Please submit a picture if available. Attach a separate sheet of paper if necessary.

MUST BE POSTMARKED NO LATER THAN OCTOBER 1ST:

Ohio USBC WBA Association Manager
P. O. Box 752048
Centerville, Ohio 45475

TWO SIGNATURES REQUIRED:

Submitted by: _____
Signature

Address

City State Zip

Area Code Phone No. E-mail Address

Signature

Address

City State Zip

Area Code Phone No. E-mail Address