

Application for Enrolment into the NORTHERN ONTARIO 5-PIN BOWLERS ASSOCIATION HALL OF FAME

** COACHES DIVISION **

DATE SUBMITTED:

NAME OF NOMINEE*:_____

Nominee's Informa	tion:		
Street Address:			
City/Town:			
Postal Code:			
Telephone:	Preferred: [].	

Name of Local Association:

Name:			
Street Address:			
City/Town:			
Postal Code:			
Telephone:	Preferred: []	

1. How many times has the Nominee coached in the Provincial "Open" Championships? _____ years. Also provide Province if other than Northern Ontario:

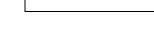
	<u># of Times</u>	ASSOCIATION	PROVINCE (If not Northern Ontario)
Men's Teams: Ladies' Teams: Mixed Teams:			

2. Was Nominee ever a Provincial or National coaching award Recipient?

If "yes", please provide year(s), Name of Award, and Province given in if other than Northern Ontario (leave blank if it was a national award):

<u>YEAR</u>	Award	PROVINCE (If not Northern Ontario)

3. Please describe why your zone feels the nominee should be inducted into the hall of fame:



4. Please provide details of Nominee's noteworthy 5 Pin Bowling Coaching achievements (Inter-provincial, Youth Challenge, YBC etc):

5. Nominee's Personal Information:

	Age: Date of Birth: Place of Birth: Present Occupation: Employer:
6.	Is Nominee still actively coaching bowling? Yes No If "yes" specify:
	Name of event(s):
7.	If "no" how long since the Nominee retired from coaching?
8.	Briefly outline why this nomination has been submitted:

9. If the Nominee is selected for enrolment, can you provide us with a highresolution photograph of the Nominee suitable for display on the *Northern Ontario 5 Pin Bowlers' Association* Web Page?

🗌 Yes 🗌 No

<u>Please note</u>: All of the information requested and provided will be held in the strictest confidence, and will be revealed for their consideration only, to the members of the Selection Committee for the Northern Ontario 5 Pin Bowlers' Association's Hall of Fame.

Please provide the following information on the person we should contact for any additional information assistance which might be required for this Nomination.

Name:				
Street Address:				
City/Town:				
Postal Code:				
Telephone:	Preferred:	[]	

<u>IMPORTANT</u>: This Nomination has been submitted on behalf of a Local Association of the Northern Ontario 5 Pin Bowlers' Association and the following Association Executive must sign it:

	President:	
For NO5PBA Office	Use Only:	
Date Received:		
Distribution:	Master File: Computer File: Selection Committee Members:	