

DETROIT BOWLING HALL OF FAME NOMINATION FORM

PERFORMANCE CATEGORY

(nominations must be received by July 1st of current year)

Nominee's Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth ____/____/____

Birthplace (City) _____ (State) _____

_____ 300 Games _____ 299 Games _____ 298 Games _____ 800 Series

High Average _____ Year _____

ABC/WIBC/USBC CERTIFIED HIGH GAMES

ALL-CITY TEAM SELECTIONS

Team _____ Year _____ Team _____ Year _____

Team _____ Year _____ Team _____ Year _____

Team _____ Year _____ Team _____ Year _____

Team _____ Year _____ Team _____ Year _____

Team _____ Year _____ Team _____ Year _____

Team _____ Year _____ Team _____ Year _____

ALL-STAR CLASSIC PARTICIPATION

Years of Participation _____ Number of Titles _____

Highlights _____

ABC/WIBC/USBC TOURNAMENT TITLES

Number of Tournaments _____ Lifetime Tournament Average _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

Title _____ Year _____

MICHIGAN STATE TOURNAMENT TITLES

Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____

CITY TOURNAMENT TITLES

Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____

INDIVIDUAL TOURNAMENT TITLES

Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____

PRO TOURNAMENT TITLES

Years of Participation_____ Number of Titles_____

Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____
Title_____	Year_____

