



HALL OF FAME NOMINATION FORM

NOMINEE INFORMATION	CATEGORY OF NOMINATION
Nominee Name: _____	<input type="checkbox"/> Athlete
Address: _____	<input type="checkbox"/> Builder
City/Prov/PC: _____	<input type="checkbox"/> Championship Team
Date of Birth: _____	Place of Birth: _____
If Nominee is deceased, please indicate date of death: _____	
Name of Spouse/Next of Kin: _____	
Address: _____	
City/Prov/PC: _____	
Telephone #: _____ email: _____	
NOMINATOR INFORMATION	
Nominator Name: _____	
Address: _____	
City/Prov/PC: _____	
Telephone #: _____ email: _____	
Date _____	Signature of Nominator _____

DEADLINE FOR NOMINATIONS – SEPTEMBER 1ST

Please attach nominee's resume and email to:
Canadian Tenpin Federation Hall of Fame
c/o Elaine Yamron
ctf@tenpincanada.com