

HALL OF FAME
NOMINATION FORM
CONFERENCE OF EAST ZONE BOWLING
ASSOCIATION
CEZBA

1. Category: (check one)

Meritorious Service _____ Bowling Ability _____

Living ____ If not, indicate on Line #9 – date of death, name of survivors and relationship to the deceased.

2. Name of Candidate: _____

3. Address: _____

4. Marital status: _____

5. Number of years bowling: _____

6. Number of years associated with CEZBA _____

7: Positions held and/or accomplishments in CEZBA: _____

8: Positions held and/or accomplishments in other associations: _____

9: General Comments: _____

10: Name of submitter: _____

Phone number(s): _____

Address: _____

E-Mail Address _____

Signature: _____ Date: _____

Submit Completed Application to:

Janet M. Tramel

6725 51st Avenue

Vero Beach, Florida 32967

DEADLINE FOR SUBMITTING IS JANUARY 1ST
