**Sherry Hobson Excellence Award Nomination Form**

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| --- | --- |
| **Nominee Information** |  |
| Nominee Name: |       |  |  |
| Address: |       |  |  |
| City/Prov/PC: |       |  |  |
| 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