**Sherry Hobson Excellence Award Nomination Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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