



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: _____

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