

Nomination Packet for TSA Table Shuffleboard Hall of Fame

Nominee Contact Information:

Name:	
Address: (Street)	
(City/State)	
(Zip Code)	
Age:	
Phone Number:	
Email address:	
Deceased: (date if known)	

Petitioner Information

Name:	
Address: (Street)	
(City/State)	
(Zip code)	
Phone Number:	
Email address:	
TSA Member (required)	Yes / Expires _____

Twenty signatures of petitioners required in support of the nominee:

	Petitioner Name (please print)	Signature	Phone #
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