

NEW YORK STATE USBC

Hall of Fame Application

MERITORIOUS SERVICE CATEGORY

A Nominee shall have been a member of NYS USBC for at least *fifteen (15)* years.

Complete this form and send copies by **December 1st** to the NYS USBC Awards Committee listed below. Visit bowlny.com for names and addresses as well.

Applications are kept on file for *three (3)* years and may be updated annually. After *three* years, a *new* application must be submitted.

Name of Applicant _____

Street _____ Phone No. _____

City _____ Zip Code _____

Current Local/State Association _____ No. Years _____

Past Association, If Any _____ No. Years _____

Submitted by _____ Title _____

Street _____ Phone No. _____

City _____ Zip Code _____

Local Association _____ Date Submitted _____

Use additional page(s), if required.

Date Received _____

Name of Applicant _____

Include any related service, along with the number of years and dates, such as an Officer, Director, Youth Bowling, Bowling Council, 500, 600, 700 Clubs, etc.

NATIONAL:

Present _____ Past _____

STATE:

Present _____ Past _____

Committees:

Present _____ Past _____

Number of NYS USBC Annual Meetings Attended as a Delegate _____

LOCAL:

Present _____ Past _____

SPECIAL HONORS:

Additional Information: (Include bowling experience—leagues, awards, etc)

Thank you for supporting the NYS USBC Recognition Program.

2016-17 Awards Committee Members:

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