

# FLORIDA STATE BOWLING ASSOCIATION HALL OF FAME APPLICATION FOR MERITORIOUS SERVICE

*A nominee is required to have been a member of our association for a minimum of ten (10) years. They must have distinguished themselves through outstanding service.*

FILL OUT THE FORM COMPLETELY - USE ADDITIONAL SHEETS IF NECESSARY

NAME OF NOMINEE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NUMBER OF YEARS IN OUR ASSOCIATION: \_\_\_\_\_

List of offices and/or committees server on in any of the following associations (FSBA, USBC and/or LOCAL Association ).  
Include length of time served in each position.

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List league positions held. Please include length of time served in each position as well as league name/center.

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List service with other organizations (600 Club, 700 Club, professional organizations, etc.):

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List service with junior bowling, a bowling council, organization of leagues, sponsorship, etc. other than our local area.

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**SPECIAL HONORS**

List special honors for service and contributions; \_\_\_\_\_

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In 50 words or less, state why you think this individual should be considered as a nominee for the Hall of Fame of Florida State Bowling Association.

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**THIS FORM IS TO BE RETURNED  
NO LATER THAN June 1st. TO ANY  
HALL OF FAME OFFICER.**

**SUBMITTED BY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**IMPORTANT: Please include a letter of recommendation from your local Association Office Manager.**