

SARASOTA-MANATEE COUNTY WOMEN'S BOWLING HALL OF FAME APPLICATION FOR MERITORIOUS SERVICE

A nominee is required to have been a member of our association as an adult for a minimum of ten (10) years. She must have distinguished herself 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 held and/or committees served on in any of the following associations (SWBA, BWBA, SMWBA & SMCBA USBC). Include length of time served in each position.

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

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

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

SPECIAL HONORS

List special honors for service and contributions; _____

In 50 words or less, state why you think this individual should be considered as a nominee for the Sarasota-Manatee County Women's Hall of Fame.

**THIS FORM IS TO BE RETURNED
NO LATER THAN DEC 15TH. TO ANY
WOMEN'S HALL OF FAME OFFICER.**

SUBMITTED BY:

Name

Address

City, State, Zip Code

Email Address

Signature

To be filled out by Women's HOF Officer

Received by: _____

Date: _____