

Middle Georgia USBC Association

109 Ginko Ln

Kathleen, GA 31047

(478) 218-4629

MEMBER OF THE YEAR

Purpose: To honor an outstanding member of the Middle GA USBC Association who has exhibited extraordinary service in the sport of bowling during the current bowling season. (1 August – 31 July).

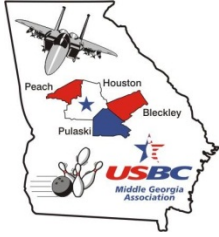
Eligibility: Any Middle GA USBC Association certified (sanctioned) bowler in good standing who is nominated by another Middle GA USBC member. Nominations must be submitted using the attached forms to the Middle GA USBC Association Manager by 01 June of each year.

Criteria:

1. Middle GA USBC Association or former Warner Robins Bowling Associations member for a minimum of 5 years.
2. Must have gone out of their way to promote bowling and/or support bowling in our area.
3. Must be of good character and reputation.
4. Participates in association sponsored tournaments.
5. Served as a league or tournament volunteer.
6. Supports Bowling on a State, Regional or National level, by participating in tournaments or attending annual meetings.
 - NOTE items 4–6 are not mandatory but should be considered when making selection.

Selection: Nominations will be reviewed by the Middle GA USBC Association Awards Committee for election. A simple majority vote will determine “Member of the Year”. There will be only one selectee per year. The Association Manager will purchase the appropriate award/plaque with board approval which will be presented at the Middle GA USBC Association Banquet.

Applications available at the Bowling Centers Counter (in Black Box).



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NAME OF CANDIDATE: _____

ADDRESS: _____

1. # years as a certified (Sanctioned) bowler _____
2. # years as a Middle GA USBC Association (Warner Robins) member _____
3. Did member participate in local tournaments? _____
4. Did member participate in anything on the state or local level such as:
State Jamboree, Lane Certification or workshops

5. Committees Served on Local or State _____

6. Character and Reputation – Type of person please explain _____

7. Accomplishments / other _____

SUBMITTED BY: _____ DATE: _____