



**NOMINATION FORM
HALL OF FAME
YOUTH LEADERSHIP**

SUBMIT BY JANUARY 1, 20__

Nominee must be a present or former member of the Colorado State USBC for at least 15 years (not necessarily consecutively). Candidate must have contributed through dedicated service to the general welfare and progress of the game of bowling for the youth in the state of Colorado.

DATE: _____

NAME OF NOMINEE: _____

LAST NAME

FIRST NAME

MIDDLE

ADDRESS: _____

STREET

CITY

STATE

ZIP

NOMINEE'S BIRTH DATE: _____ (MO/DAY/YR) PHONE (____) _____

(Include Area Code)

CURRENT LOCAL ASSOCIATION MEMBERSHIP: _____

NEAREST RELATIVE: _____

NAME

RELATIONSHIP

ADDRESS: _____

STREET

CITY

STATE

ZIP

PLEASE SUBMIT THIS COMPLETE FORM NO LATER THAN JANUARY 1, 20__. SEND TO:

**Don Meyer, Association Manager
Colorado State USBC
956 S. Saki Dr.
Pueblo West, CO 81007-3080**

YOUTH LEADERSHIP ACCOMPLISHMENTS

The Colorado State USBC Youth Leadership Award annually recognizes an adult volunteer who has displayed outstanding efforts to foster, organize and promote certified youth bowling programs at the local, state and/or national level for the last fifteen (15) years or more.

Since your nominee will be evaluated solely on the information that you provide, it is very important that you attach a detailed narrative statement describing what your nominee has accomplished to foster, organize, and promote certified youth bowling programs at the local, state, and/or national levels. If applicable or available, please support your narrative statement by attaching documentation of items such as prior recognition through awards, published articles, letters, etc. Please be as specific as possible.

ADDITIONAL STATE NOMINEE INFORMATION

Number of years a Colorado State member _____

Number of Colorado State annual meetings served as a delegate/alternate _____

Number of Colorado State Jamborees/Workshops attended _____

Number of Colorado State annual tournaments competed in _____

Registered Volunteer? If yes, expiration dates: _____

(Print Name) Submitted By: _____

Signature: _____

Address: _____

Street

City

State

Zip

Phone Number: _____