



HALL OF FAME APPLICATION

NAME OF NOMINEE: _____

ADDRESS: _____

Telephone: _____ **Email:** _____

Years member of local Bowling Association _____

Member of which Association _____

Years bowled in Annual Association Tournaments _____

Years bowled in Southeast Tournaments _____

Years bowled in Florida State Tournaments _____

Years bowled in National Tournaments _____

List any other tournaments bowled in

Number of years Bowled has bowled: _____

Number of years served in any of the following:

League Officer _____ State Office _____ Regional Officer _____

National Officer _____ Coach/YABA _____ Seniors _____

Handicapped _____ Member of other bowling events _____

List Titles won, records held, honors won, scoring accomplishments, etc. while a member of SBWBA, IRWBA or FSCBA, SCBA.

List of Association Participation, Contributions and Organizations, such as: offices held, committees (were you chairperson). Any other outstanding contributions:

Is the Nominee/Candidate a current member or past member of: SC USBC or USBC WBA _____

List any contributions that the nominee/candidate may have made to the Youth bowlers or Senior Citizens:

Application Deadline: March 15 (Each Year)

Submit to: Charlotte Mateo, Association Manager

1954 Dawn Dr. Melbourne, FL 32935

Email: SpaceCoastBowlingAssociation@gmail.com