

DISTINGUISHED SERVICE AWARD NOMINATION FORM

NOMINATE YOUR VOLUNTEER * ASSOCIATION LEADER * PROPRIETOR/MANAGER * SPONSOR * YOUTH COORDINATOR

The San Diego Association will recognize an individual in San Diego who has made outstanding contributions in the field of bowling. The nominee need not be a member of USBC.

Deadline: April 1st of current year and shall be submitted to:
San Diego USBC Association Office
Attention: DSA Committee
7840 El Cajon Blvd, Suite 203 La Mesa, CA 91942
Phone (619) 697-3334 • www.sandiegobowling.com

Eligibility and Criteria for Nomination:

• The nominee must have made a valuable and consistent contribution (a minimum of 3 years) to the sport of bowling and continuous support of the operations of the SDUSBC Association.

To submit a nomination, fill out the attached form. Include all the details of the nominee's contributions and efforts to the sport of bowling. The nomination form is also available on the website at www. sandiegobowling.com

Include both the nominee's and your name, address and phone number.

All nominations will be carefully considered by DSA committee. Successful nominee(s) will be recognized at the SDUSBC Installation/Awards dinner.

Nomination will be considered in the year submitted

Sponsored by San Diego USBC



San Diego USBC Distinguished Service Award Nomination Form

Address	
City	Zip
E-mail Address	Phone ()
Cell # ()	
nas made to the sport of bowling. The forservice, leadership, cooperative efforts a Remember to include the frequency and your nomination. Support of San Diego Associate BVL Local and State Bowling Council	tail the valuable and consistent contributions the nominee ollowing list is for reference purpose only. Include promotion and support for bowling activity whether it is listed here or not duration of the nominee's service. Include this sheet with tion promotional efforts and activities (ie coaches, secretary) ournaments, Queens & Masters, Senior Masters, Guys and
 Gals tournaments, All Star, Ha Community Involvement, Reco Leadership Honors 	Ill of Fame, State Tournaments
Submitted by:	
Name	Date
N ddroes	
	Zip
City	'
	Phone ()

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Office Use Only: Date Received	-