



VOLUNTEER OF THE YEAR AWARD NOMINATION FORM

This prestigious award recognizes an adult volunteer who has displayed outstanding efforts to foster, operate and promote certified bowling programs at the local or state level for the last ten years or more.

Please complete this nomination form and return to the address at the bottom of this form no later than May 1st. **Type or print all answers clearly and fill in all information completely.**

Section A Nominee Information

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ / _____ / _____ USBC # _____

Address _____

Phone _____ Email _____

Name of Organization where nominee volunteers:

On a separate sheet of paper, please provide a history of the nominee's service and accomplishments. Use additional pages if necessary. Feel free to attach any supporting documents.

Section B Your Information

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ / _____ / _____ USBC # _____

Address _____

Phone _____ Email _____

Your affiliation or relationship with nominee _____

Your signature _____ Date _____

Winners will be notified by phone. Send completed form and all supporting documentation to:

Awards & Recognition Committee
2613 NW Grant Ave #2
Corvallis, OR 97330
Phone: 503-308-3688
osusbc@gmail.com
www.osusbc.com