

**FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE
YOUTH HALL OF FAME
GUIDELINES FOR NOMINATION**

1. *Nominees may be current or former youth bowlers. If they are former youth bowlers, they must have been a member sometime since 1985.*
2. *There will be two categories, open to both male and female bowlers, in which awards may be given A) Outstanding Service and B) Bowling Ability.*
3. *No more than two awards will be given in each category.*
4. *There must be a minimum of (4) years of service in Florida (i.e - League officer, student coach, Local Youth Leader, Local YABA Board, State Youth Leader). To be nominated for ability an individual must have been a sanctioned YABA member for a minimum of five (5) years in the State of Florida.*
5. *All applications must have at least 1 recommendation letter from the local association and/or Hall of Fame member. Nominations must be submitted by someone other than the nominee.*
6. *All applications should be submitted in a legible manner. **The official form enclosed will be the only one accepted.***
7. *Applications being submitted to the committee chairman must be **postmarked by March 1st**. No application will be considered after this date.*
8. *The awards will be presented annually at the FSYABA Council of Delegates meeting or at a suitable location deemed appropriate by the FSYABA.*
9. *The FSYABA President will appoint the selection committee with a minimum of 7 members – 3 Board members and 4 Hall of Fame members. Any former inductee who expresses a desire to be on this committee will be appointed. No more than 50% will be needed to constitute a quorum for selection of new members. **Inductees will be elected by pularity.***
10. *The committee will meet at a time and place deemed appropriate by the committee chairman. **You must be present to cast your vote.***
11. *The Chairman will notify the inductees of their selection in writing.*
12. *Nominees who are not selected will be considered for selection the following year. No nominee will be held over for more than **one** year.*
12. *Any application that is received incomplete will be returned to the appropriate party. To be eligible for selection the application must be returned to the Hall of Fame chairman by the deadline. Please get your applications in early. (RVD 8/01/05)*

FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE

**YOUTH HALL OF FAME
SERVICE AWARD APPLICATION**

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Name of Nominee: _____ Date: _____

Male: _____ Female: _____ Age: _____

Address: _____

City: _____ Zip Code: _____ Phone: (____) _____

Member of: _____ Association Years of Membership: 19____ - 20____

LIST OFFICE(S) HELD AND/OR COMMITTEES SERVED ON:

State Association:

FSYABA Board of Directors (committees served on & duties performed):

Years served: 19____ - 20____

FSYABA Delegate: _____ Years served: 19____ - 20____

FSYLA Board of Directors (offices held & duties performed):

Years served: 19____ - 20____

FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE

**YOUTH HALL OF FAME
SERVICE AWARD APPLICATION**

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Committees/Accomplishments (please be specific):

FSYLA Delegate: _____ *Years served:* 19____ - 20_____

Have you worked the FSYABA State Tournament? Please list site and duties performed.

Years served: 19____ - 20_____

Local Association:

Board of Directors:

Years Served: 19 ____ - 20 _____

FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE

**YOUTH HALL OF FAME
SERVICE AWARD APPLICATION**

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Committees/Accomplishments (duties performed):

Years Served: 19____ - 20_____

Are you certified as a Level 1 coach? _____ *Year:* _____

Are you certified as a Level 2 coach? _____ *Year:* _____

Did you assist with your local association tournament? _____

Capacity/Years: _____

Local Youth Leader Board of Directors (offices held, duties performed):

Years served: 19_____ - 20_____

League Offices held: _____

Years served: 19_____ - 20_____

Local Association Youth Service awards: _____

FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE

**YOUTH HALL OF FAME
SERVICE AWARD APPLICATION**

(page 4 of 4)

School Activities/Awards: _____

Nominator's Name: _____

Nominator's Signature: _____

Nominator's Phone: () _____ Date: _____

Please feel free to attach or include any additional information you feel is pertinent to the nominee's application!

*****Note: Official forms will be the only ones accepted. All applications must be received complete or it will be returned. Please get your applications in early. They must be postmarked by March 1st.***

Return to: Scott Tice, FSYABA Secretary
Post Office Box 773488
Ocala, FL 34477-3488
(RVD 8/01/05)

FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE

**YOUTH HALL OF FAME
ABILITY AWARD APPLICATION**
(page 1 of 2)

Name of Nominee: _____ Date: _____

Male: _____ Female: _____ Age: _____

Address: _____

City: _____ Zip Code: _____ Phone: (_____) _____

Member of: _____ Association(s)

Years of Membership: 19 _____ - 20 _____

Highest Yearbook Average: Please include three (3) highest yearbook averages

_____ Year _____
_____ Year _____
_____ Year _____

(Please attach copies of Yearbook page with Highest average.)

Highest Scratch Series: _____ Year _____

Highest Scratch Game: _____ Year _____

National Awards (Nations Honor Roll, YABA Awards, Jr. Olympic Gold, Team USA e.g.):

Note: Please include medal award & year bowled.

State Awards (State Tournament, Coca Cola Tournament, Team USA, Jr. Olympic Gold, Bill & Millie Landen Scholarship Tournament, High School Championship, etc.):

FLORIDA STATE YOUNG AMERICAN BOWLING ALLIANCE

**YOUTH HALL OF FAME
ABILITY AWARD APPLICATION**

(Page 2 of 2)

Local Awards (City Tournament, All City Team, League Accomplishments, etc.):

Collegiate Awards (High Series, High Average, Division Titles, etc.):

Nominator's Name: _____

Nominator's Signature: _____

Nominator's Phone: () _____ Date: _____

Please feel free to attach or include any additional information you feel is pertinent to the nominee's application!

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