



ASSOCIATION OF THE YEAR

The Ohio State USBC wants to recognize those local associations who provide outstanding membership services to their bowlers as well as attending state sponsored functions. This Program will consist of the completion of this form outlining the services your association provides to your membership, as well as how your local association supports the tournaments and events of the Ohio State USBC.

This form must be completed and returned to the Ohio State USBC by **April 1st**.

Association Name: _____

Association Manager: _____

Does your association have a Youth Program YES ___ NO ___

Please complete the following Membership Benefits:

1. Does your association have an Awards Program?

Adult? Yes ___ No ___ **Youth?** Yes ___ No ___

Please list Awards presented:

2. Does your association hold an Awards Banquet? Yes ___ No ___

Adult? Yes ___ No ___ **Youth?** Yes ___ No ___ **Combined** Yes ___ No ___

3. What tournaments do you offer to your membership?

Youth _____

Adult _____

4. Does your association engage in fundraising? Yes ___ No ___

Charitable: *ie: BVL – Cancer:* _____

Association Related _____

5. Does your association offer Scholarships for Youth/Adults? Yes ___ No ___

6. Does your Association have a Hall of Fame? Yes ___ No ___

7. Does your Assoc. hold workshops for league officers or members? Yes ___ No ___

8. What other activities does your association offer your members? _____

9. How do you communicate with your members? _____

10. What makes your association unique? **Be Specific!**

Tell us in essay form why your association deserves the Association of the Year Award.

Add another sheet of paper, if necessary.

How does your association support the Ohio State USBC?

Do you send delegates to the Annual Meeting? Yes ___ No ___ If so, how many? _____

Do you send Entries to any of the following tournaments or events?

Annual Meeting

Exchange Mart Yes ___ No ___

Poster Contest Yes ___ No ___

Breakfast Yes ___ No ___

Gala Dinner Yes ___ No ___

Jamboree

Tournament Yes, ___ No ___

Dinner Yes ___ No ___

Breakfast and Workshop Yes ___ No ___

Tournaments

Senior Open Championships	Yes ___	No ___
Senior Women's Championships	Yes ___	No ___
Open Championships	Yes ___	No ___
Women's Championships	Yes ___	No ___
Queen's Tournament	Yes ___	No ___
Buckeye All Events	Yes ___	No ___
Youth Championships	Yes ___	No ___
Pepsi Tournament	Yes ___	No ___
Spring Handicap Singles	Yes ___	No ___

Does your association submit the requested documents by the posted deadline?

Association Officer Report	Yes ___	No ___
Delegate Credentials	Yes ___	No ___
Response to the Nominating Comm. Letter	Yes ___	No ___
Memorial Program Names Submitted	Yes ___	No ___

Does your association have individuals who served on State Committees?

Nominating Committee	Yes ___	No ___
Teller's Committee	Yes ___	No ___
Scholarship Committee	Yes ___	No ___
Association of Year Committee	Yes ___	No ___
Jamboree Committee	Yes ___	No ___
Other <i>Please specify:</i>	Yes ___	No ___

Please submit this form by **APRIL 1st** to:

Ohio State USBC Association of the Year Committee

Becky Hoffer, Chairperson

45 Dwinell Ct

Franklin, OH 45005

