



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