



**APPLICATION**

**HALL OF FAME - MERITORIOUS SERVICE - CATEGORY**

*In order to be considered for the BCBA Hall of Fame - Meritorious Service Category*

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**USBC ID #:** \_\_\_\_\_

**YEARS BOWLED IN BERGEN COUNTY:** \_\_\_\_\_

**YEARS SANCTIONED IN BERGEN COUNTY:** \_\_\_\_\_

**IS THIS YOUR FIRST HALL OF FAME APPLICATION?** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT BCBA HALL OF FAME?** \_\_\_\_\_

*for Office Use Only:*

**DATE APPLICATION SUBMITTED TO BCBA:** \_\_\_\_\_ **CODE:** \_\_\_\_\_

**IS APPLICATION FILLED OUT CORRECTLY? Y/N** \_\_\_\_\_

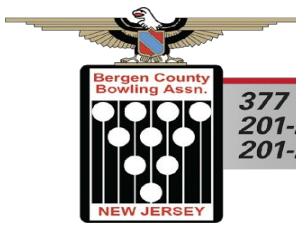
**DATE APPLICATION RETURNED TO APPLICANT** \_\_\_\_\_

**DATE APPLICATION WAS RESUBMITTED TO BCBA** \_\_\_\_\_

*For office Use Only: Chairman, Please remove this cover page before submitting to Hall of Fame Committee for point totals and selection to the BCBA Hall of Fame*

*Date committee voted on application:* \_\_\_\_\_

**CODE:** \_\_\_\_\_



## 1. SERVICE TO BERGEN COUNTY BOWLING ASSOCIATION

*In essay form, List Significant Services and/ or Contributions rendered to Bergen County Bowling Association. List years of service in Bergen county, any services provided by you which was instrumental to Bergen County Bowling Association Success to strive as an organization in USBC.*

## 2. OFFICES HELD IN BERGEN COUNTY

*List Significant Offices held in Bergen County, Include Association and League offices held. List any awards obtained as a result to that office and years held for the offices. Also list any significance that you might feel need to be mentioned here other than those listed in Section 1.*

TOTAL POINTS FOR THIS PAGE \_\_\_\_\_