

MASSACHUSETTS USBC WBA

LEAGUE SECRETARY OF THE YEAR 2013-2014 Season

The Massachusetts USBC WBA will honor ONE of our league secretaries for their efficiency, devotion, and superior performance to the duties of the office of secretary. We would like a written recommendation from a league officer or **(and) members of the league**. The following criteria will determine the award winner.

1. The league must be a woman's or mixed league currently certified through MA USBC WBA.
2. Submits league certification form within 30 days of the start of the season.
3. Submits a properly filled out form with certification cards filled in completely, with the correct amount of money.
4. Sends in the final average sheet on time.
5. Submits awards to the local association manager in a timely manner.
6. Attends Association meetings/workshops at the local level.
7. Recruits new bowlers.
8. Promotes all state and local certified tournaments within their league.
9. Submits news articles to local Association Newsletters, websites, BayState Scoresheet or any other media.
10. Exceeds the duties of the secretary's job.

Please fill out the reverse side of this application and explain in detail. Include any other information that makes your league secretary an outstanding candidate for this award. (ie: local charities etc.)

League secretaries are only allowed this award once in a lifetime.

Please submit this form to your Local Association Manager for their signature and comments.

Submit to Local Association Manager by August 1st.

The award will be given out at the MWBA Annual Meeting in the spring.

LEAGUE SECRETARY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ EMAIL _____

MASSACHUSETTS USBC WBA

LEAGUE SECRETARY OF THE YEAR

LEAGUE SECRETARY _____ # of YEARS _____

LEAGUE _____

BOWLING CENTER _____

RECOMMENDATIONS OF THE LEAGUE (see rules for criteria)

LEAGUE OFFICER SIGNATURE _____ DATE _____

OFFICER'S ADDRESS (for notification) _____

RECOMMENDATIONS OF LOCAL ASSOCIATION MANAGER

LOCAL ASSOCIATION MANAGER SIGNATURE _____

ATTACH ANY ADDITIONAL INFORMATION ON A SEPARATE SHEET

**LOCAL ASSOCIATION MANAGER PLEASE FORWARD TO STATE WBA MANAGER
BY SEPTEMBER 15TH**