

VIRGINIA STATE YOUTH VOLUNTEER RECOGNITION AWARD

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

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BOWLING CATEGORY

Number of years in youth bowling: \_\_\_\_\_

Volunteer Category: Coach – Bowler- Parent (circle 1)

Bowling training, education etc: \_\_\_\_\_

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I nominate the above individual(s) for this award because: \_\_\_\_\_

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Submitted by: \_\_\_\_\_ Nominee's Jacket Size: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Please mail or email to: Jim Kincaid (Chairperson) 87 Boxley Blvd, Newport News VA 23602. e-mail: [payaba3@netscaoe.com](mailto:payaba3@netscaoe.com) Any questions please call: 757-874-0612