



NOMINATION FORM

Please print clearly

Please note: That family members are ineligible to nominate coaches

Name of Coach: _____

City/ Town _____

Address: _____

Email: _____

Postal Code: _____

Phone: _____

CC#: _____

Respect in Sport #: _____

Sport: _____

Age of Athletes: _____

Gender: Female or Male or Co-Ed

Level of Team: Club/ School/ Other: _____

Long Term Athlete Development (LTAD): (select one) Active Start/Fundamentals or Learn to Train-Train to Train to Train or Train to Compete-Train to Win

How long has the coach been coaching this team? _____ How many times a week does the coach meet with athletes? _____

Please answer the following questions:

What contributions has the coach made to sport? Please provide specifics on the following: Indicate any areas where the coach has contributed to the sport they coach, such as presentations, NCCP clinics or committee involvement.:

Describe any personal development or improvements his/her athletes have demonstrated, including team and or individual accomplishments or records:

How does the coach demonstrate leadership? Provide specifics :

Overall why do you think this coach should be selected?

Nominator's Name and Contact Information

Nominator's Name: _____

Address: _____

Daytime Phone Number _____

City: _____

Postal Code: _____

E-mail: _____

What best describes your relationship with the coach: _____

Additional Reference

Name: _____

Phone Number: _____