



COACH OF THE YEAR NOMINATION FORM

Deadline: JANUARY 15 and shall be submitted to:
CUSBC, ATTN: AWARDS COMMITTEE
45 Mitchell Boulevard, Suite 7, San Rafael, CA 94903-2011
Phone (415) 492-8880 • www.CalUSBC.com

If your coach is someone very special and does many things that help your league to succeed, and you would like to nominate him/her, please fill out the information requested below and send by the deadline to the address above.

Name of Coach _____

Bowling Center _____ Association _____

How many years coaching? _____

Are they Bronze-Silver or Gold Certified? _____ Certified date _____

Do they bring teams to State Youth Championships? _____ If yes, how many teams? _____

Member of the Registered Volunteer Program (RVP)? _____

Must be endorsed by other certified Coaches, Proprietors and/or Managers. Please verify the information submitted is accurate.

References	Title	Phone	E-mail
1.		()	
2.		()	
3.		()	

Tell us why you would like to have your coach nominated. Give us examples of the special things that he/she does to make your bowling experience so great. *This application may ONLY be submitted by a Certified USBC Youth bowler.*

Submitted by USBC Youth _____ Membership # _____

Date _____ Phone # () _____ E-Mail _____

Additional sheets nominating this coach may be attached.

Office Use Only: Date Received _____
