

Georgia State USBC Youth Coach of the Year Nomination Form

Complete all entries below – Due by June 15										
Name of Nominee				USBC ID						
Nominee Address										
Nominee Email										
Nominee Phone										
Local Association										
Bowling Center				of	er of Years Active aching					
Has the nominee attended any USBC/USA Coach training courses?	YES	NO	Highest USBC Co Level this nomine achieved?	Level 1 Silver	Bronze Gold					
Does the nominee serve as an on-lane coach in a youth program?	YES	NO	Is the nominee currently RVP and Safe Sport certified?		YES	NO				
Is the Nominee on the Local Association Board of Directors? (Circle One)		YES	NO	Number of Years on the Board						
Is the Nominee on the Local Youth Committee? (Circle One)		YES	NO	on th	er of Years ne Youth nmittee					

Recommendations from the Local Association Manager AND the Center Manager must accompany this form.

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Recommendation Form (make additional copies as needed)

Nominee:											
Complete all entries below – Due by June 1											
Name of Person completing this recommendation			,								
Position in reference to nominee											
Email											
Phone											
Rate the nominee's ability to get along with other coaches, center staff/board members	(low)	1	2	3	4	5 (high)					
Rate the nominee's ability to verbalize and demonstrate proper bowling technique	(low)	1	2	3	4	5 (high)					
Rate the nominee's ability to relate to the youth bowlers	(low)	1	2	3	4	5 (high)					
Write a short narrative as to why you would recommend this nominee as an outstanding coach/ youth volunteer. Include accomplishments and service to youth bowling.											

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Signature of person writing this recommendation: