

WASHINGTON STATE 'GOLF' COACHES ASSOCIATION

(WSGCA)

Golf Coach-of-the Year Nominating Form

Part I: (the coach doing the nominating; fill this part in on yourself) Date of Nomination: _____

Name: _____ School: _____

Home address: _____ City: _____ Zip: _____

Home phone: _____ cell phone: _____ email: _____

Are you a fellow high school golf coach? _____ Are you a Head or Ass't Golf Coach? _____

Are you boys / girls / both coach? _____

Are you a current member of the WSCA? _____ Membership card #: _____ How many years? _____

Is the candidate you are nominating aware that you are putting their name into nomination for
Coach of the Year honors? _____

Part II: (information on the coach you are nominating)

Name: _____ School: _____

Home / School address: _____ City: _____ Zip: _____

Home / School phone: _____ cell phone: _____ email: _____

M / F: _____ Years as head golf coach: _____ boys coach / girls coach / both (circle)

Is he/she a current member of the Washington State Coaches Association? _____ How many yrs: _____

Give a supporting statement on why you have nominated this coach: (use back of page, if necessary)

Nomination forms need to be in by June 1, following the state tournaments

Return to: Jim Anderson
1508 136th St SE
Mill Creek, Wa 98012

or

Janderson2@everettsd.org