



# INDY USBC ASSOCIATION YOUTH PROGRAM COACH OF THE YEAR

Please provide adequate contact information for both parties.

**Coach Name:** \_\_\_\_\_

**Bowling Center:** \_\_\_\_\_

**Coach's Contact Information**

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

\_\_\_\_\_

**Submitted By:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please use the following criteria. Attach any documents or letters of recommendation to convey the candidate's qualifications.

**How many years has the candidate been a youth league coach?** \_\_\_\_\_

**Is the coach a USBC Registered Volunteer?** \_\_\_\_\_

**What level certifications (if any) does the coach hold?** \_\_\_\_\_

\_\_\_\_\_

**Is the coach part of any other affiliations, offices or organizations outside of bowling?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is so special about this coach and why should this person receive the award?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATIONS MUST BE SUBMITTED BY MIDNIGHT MAY 1<sup>st</sup> TO:**

Indy USBC Association; **Attn: Youth Committee**

6433 E. Washington St., Suite 191; Indianapolis, IN 46219 or

email to: [indy81879assoc@att.net](mailto:indy81879assoc@att.net)

Use this page to provide more detail about the person being nominated