

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 the boys / girls / both coach? _____ School: _____

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 / girls / both: _____

Is he/she a current member of the Washington State Coaches Association? _____

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

Nomination forms need to be in by Sept. 15
Return to: **Darrell Olson, Golf Coach**
c/o Everett High School
2416 Colby
Everett, WA 98201