



OHIO STATE USBC YOUTH ASSOCIATION

Coach of the Year - Nomination Form

Return by May 31

Nominee's Full Name: _____

Nominee's Address: _____

Nominee's City: _____ State: _____ Zip: _____

Nominee's evening phone number: () _____

Name of bowling center that nominee coaches at:

Number of year's nominee has coached in the USBC Youth Program: _____

Coaching classes completed by nominee: _____

Please write a statement on the nominee's history, service, and accomplishments. (Use additional pages as needed)

Your name: _____

Your address: _____

Your city: _____ State: _____ Zip: _____

Your evening phone number: () _____

Your affiliation/relationship with nominee _____

Signed: _____ Date: _____

Mail to: OSUSBC, 7405 State Route 134 Lynchburg, Ohio 45142