



2008 WYSA COACH OF THE YEAR AWARD

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ E-MAIL: _____

USSF LICENSE LEVEL: _____ CLUB AFFILIATION: _____

TEAM NAME: _____ District: _____

We are nominating this coach as (select only one) 2008 _____ Boys _____ Girls _____ Coach of the Year
_____ Recreational _____ Classic (select only one)

Please complete the sections below. If additional space is needed, please use additional paper and attach to this nomination form.

1. Why should this coach be selected as the 2008 WYSA Coach of the Year?

2. What contributions has this coach made to the growth, development and enjoyment of youth soccer for your team or club:

3. What commitment has this coach made to better themselves in terms of soccer growth and development?

4. Please attach a detailed soccer resume for this nominee.

5. If the coach is certified/licensed, please attach a copy of their certificate/license.

6. Additional information may be provided on additional page(s).

Incomplete nomination forms and/or missing information will automatically disqualify the nomination.

This nomination is due to your WYSA District President no later than July 31, 2008

Person submitting this nomination: _____ Telephone: _____
(please print)

E-mail Address: _____

Club President (name): _____ Signature: _____

Date Submitted: _____ Date Rec'd by District: _____