

BOB ADAMS FOUNDATION AWARDS

COACH/OFFICIAL NOMINATION FORM

1. Nominee: _____
Address: _____
Postal Code: _____ Phone No: _____

2. Nominated by: _____
Address: _____
Postal Code: _____ Phone No: _____

3. Our nomination is in the category of:
Coach _____ Official _____

4. Certification Level: _____

5. Coaching Category: Athletic accomplishments over the past year of athletes coached by the nominee: (include time/distance, placing, records, event, meet location and/or date).

Officials Category: Describe the nominees' volunteer involvement as an official.

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6. Other volunteer activities for the Association

7. Volunteer activities outside the Association

8. Additional comments:

Return completed form to:

Bob Adams Foundation
P.O. Box 21033
Saskatoon, SK S7H 5N9
or jpeddle@sasktel.net

DEADLINE – SEPTEMBER 1st EVERY YEAR