





## Coach of the Year NOMINATION FORM

DATE:				
NAME OF NO	OMINEE:			
ADDRESS:				
	STREET	CITY	P/T	POSTAL CODE
HOME #:		WORK	(#: 	
EMAIL:				
NAME OF NO	MINATING PERSON/ORGAI	NIZATION:		
ADDRESS:				
	STREET	CITY	P/T	POSTAL CODE
HOME #:		WORK	(#:	
EMAIL:				
	ng information is required			
Number of	years the nominee has b	een actively coach	nina.	
,	,			
Ages and g	ender of athletes coache	ed:		
Category of	competition (youth, adu	lt school club oth	ner).	
Category of	competition (youth, add	it, scrioor, club, oti		
National Co	paching Certification Prog	gram CC#:		
	· ·	,		
Level of coa	aching certification:			
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Comm.	unity Coort Initiation Train	- ·	Competition - Intro	oduction Certified
	Community Sport - Initiation Trained			elopment In-Training
Community Sport - Ongoing Participation Trained			•	
Competition - Introduction In-Training			Competition - Dev	•
Compe	tition - Introduction Trained		Competition - Dev	elopment Certified
Level 1:	Technical/Practical		Theory	
Level 2:	Technical/Practical		Theory	
Level 3:	Technical	Practical	Theory	

page	es as required.
1.	Shows respect for officials, opponents, parents, and espouses a philosophy of fair play
2.	Demonstrates concern for the all-round development of the athletes:
3.	Presents a positive public image of coaching and the role of the coach:

5.	Properly applies relevant training theory and coaching practice:
6.	Demonstrates an ability to improve competitive performance of athletes:

7.	Other (Include any outstanding qualities which have not been covered above and which you think should be considered by the Review Committee):
	Please send nominations to:
	SOFTBALL CANADA Attn: Lise Jubinville
Suite	212 - 223 Colonnade Road ● Ottawa, ON, K2E 7K3 7X3
	ljubinville@softball.ca (B) 613-523-3386, x-3108 ● (F) 613-523-5761
Plea	Support Letter from Provincial/Territorial Softball Association Support Letter from athletes or other sources Photo of nominee
	DEADLINE: October 1 (or next business day)