





Coach of the Year NOMINATION FORM

DATE:				
NAME OF NOMINEE:				
ADDRESS:				
- -	STREET	CITY	P/T	POSTAL CODE
HOME #:		WORK #:		
EMAIL:				
NAME OF NOMINATING	G PERSON/ORGANIZATIO	N:		
ADDRESS:				
_	STREET	CITY	P/T	POSTAL CODE
HOME #:		WORK #:		
EMAIL:				
Ages and gender of Category of compet	athletes coached:	ool, club, other):		
NCCP#:				
Current Softball NC	CP Certification of Non	ninee:		
Community Sport - I	nitiation		Trained	
Community Sport - 0	Ongoing Participation		Trained	
Competition - Introd	uction	In Training	Trained	Certified
Competition - Devel		In Training	Trained	Certified
Pitching Instruction -		•		
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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):
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	Please send nominations to: SOFTBALL CANADA
	Attn: Kristin Noonan
	Suite 212 - 223 Colonnade Road ● Ottawa, ON, K2E 7K3 knoonan@softball.ca
	(B) 613-523-3386, x-3104 ● (F) 613-523-5761
Plea	ase check that you have all the necessary documentation required for submission: Support Letter from Provincial/Territorial Softball Association
	Support Letter from athletes or other sources Photo of nominee
	DEADLINE: September 15 (or next business day)