



INDY USBC ASSOCIATION YOUTH PROGRAM COACH OF THE YEAR

Please provide adequate contact information for both parties.

Coach Name: _____

Bowling Center: _____

Coach's Contact Information

Phone #: _____

Email Address: _____

Address: _____

Submitted By: _____

Phone #: _____

Email Address: _____

Address: _____

Please use the following criteria. Attach any documents or letters of recommendation to convey the candidate's qualifications.

How many years has the candidate been a youth league coach? _____

Is the coach a USBC Registered Volunteer? _____

What level certifications (if any) does the coach hold? _____

Is the coach part of any other affiliations, offices or organizations outside of bowling?

What is so special about this coach and why should this person receive the award?

APPLICATIONS MUST BE SUBMITTED BY MIDNIGHT MAY 1st TO:

Indy USBC Association; **Attn: Youth Committee**
6433 E. Washington St., Suite 191; Indianapolis, IN 46219 or
email to: indy81879assoc@att.net