



**Special Olympics
Nevada**

2009 Coach of the Year Award

Due: July 15, 2009

Official Nomination Form

Please make copies of the Nomination Form as needed.

Nomination for Coach of the Year

Last Name

First Name

Tell us how this coach satisfies the evaluation criteria by answering the following questions. Please print or type. Attach an additional sheet of paper if necessary.

Is the nominee a certified Special Olympics Coach? Yes No

Number of years of involvement with Special Olympics _____

Identify sport(s) coached within Special Olympics _____

List honors received per involvement with Special Olympics _____

Identify leadership qualities _____

Identify additional opportunities provided to the athletes _____

List honors/recognitions received as a coach _____

Describe how nominee exemplifies the Special Olympics spirit of skill, courage, sharing and joy.

Describe how nominee demonstrates an overall commitment of being actively involved with Special Olympics Nevada. List examples of nominee's achievements, and other involvement.

Person Nominating: _____

Special Olympics Area: _____

Address _____

City _____ *State* _____ *Zip Code* _____

Telephone _____ *Fax* _____ *E-mail* _____

Please return this form or direct any questions to:

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