WASHINGTON STATE GOLF COACHES ASSOCIATION

Hall of Fame Nomination Form

Thank you for taking the time to nominate a golf coaching colleague for consideration into the WSGCA Hall of Fame.

Name:	School:	
Home address:	City:	Zip:
Home/cell phone:	Your email:	
Are <u>you</u> a fellow high school golf coach	n? Are you a Head or Ass	t. Golf Coach?
Are you a member of WSCA?	_	
PART II: Hall of Fame Nomi		
	Address:	
Name:	Address: zip: home/cell phon	e#:
Name:	Address: home/cell phon school:	e#:
Name: City: Nominee's email:	Address: home/cell phon school: Is this nominee a	e#:

- If retired from coaching, nominee must have been a previous & recent past member of the WSCA. Years of active membership in the WSCA is looked at by the Executive Board of the WSCA.
- Nominee must have coached high school / college golf in the state of Washington for a minimum of 15 years.
- Nominee must have coached high school / college golf at the highest level of integrity and sportsmanship

Please give a supporting statement as to why you are nominating this coach for consideration into the WSGCA Hall of Fame: (please use a separate page and print clearly or put on a word document, print, and submit with this application)

After the Hall of Fame Committee reviews this application, the nominee will be contacted and sent an official 'Hall of Fame' information form to complete, as the next step in the selection process. Hall of Fame induction is not guaranteed because of a nomination.

Return this form to:

Jim Anderson 1508 136th St SE Mill Creek, WA 98012

Janderson2@everettsd.org