

Mail to:

## Illinois State USBC Association OUTSTANDING YOUTH COACH

## NOMINATION FORM

Requirements to apply: Must be a resident of Illinois but does not have to coach in Illinois

Nominee's Name:		
Address:		
City, State and Zip Code:		
Phone Number: ()Email (if known)		
Local USBC Association:		
Bowling Center(s) nominee coaches a	t:	
Number of years coaching youth bow	lers:	
Registered Volunteer? (Circle one)	Yes No	If Yes, date expires:
Level I, Bronze, Silver or Gold level ins	tructor certificate #	& year earned or any certificates earned. (not a
requirement):		
Occupation and Title:		
Please write a statement on the nomineeded).	•	e and accomplishments (use additional sheet, if
Nominator's name:		
Address:		
City, State and Zip Code:		
Phone Number: ()	Emai	l:
Your affiliation/relationship with the r	nominee:	
Please sign and date:		Date
Please attach any letters of recommendation member etc.) Maximum of 3.	ndation (i.e. Associa	tion Board members, employers, clergy, family

Outstanding Youth Coach of the Year

**Patti Mauerman** 

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