

approved.

## **COACHES SELF NOMINATION FORM**

If you are interested in coaching an All Star or Tournament Team please submit your name using the form below. Your completed form must be received by your Division Representative no later than October 19, 2024. In addition, please email a copy to Ted DeForest at ted.deforest@yahoo.com and Steve Grover at aysoregion46arc@gmail.com. Candidates will be reviewed by the Executive Board and placed on the ballot if approved.

		CUT	& SAVE to	op portion				
Coach Self Nomination F	<u>orm</u>							
COACH NAME								
Coach phone number Coach E-mail								
I currently coach:	_Girls	Boys	Division	:10U _	12U _	14U_	16U19	)U
My Coach Certification L	evel is:							
10U12U	Interr	mediate	Adva	nced				
I have completed: Concussion Training with			Training wi	thin the last	two yea	rs, and	CDC	
I wish to be considered f	or ballotin	g for the fo	ollowing:					
Coaching All Stars	Coa	ching Tour	nament	Division	Gi	rls	or Boys	_