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SMHA AWARDS PROGRAM NOMINATION FORM

| Please select the SMHA award that this nomi | ination form applies to: |
|--|--|
| Al Anderson's Source for Sports Coach of th | ne Year Award |
| Crestline Coach Volunteer of the Year Awar | <u>d</u> |
| Evan Thomas Memorial Sportsperson of the | e Year Award presented by Airline Hotels |
| Rampage Coffee Executive of the Year Awar | r <u>d</u> |
| Wendel Clark Community Assist Cup presented by Wendel Clark's Classic Bar & Grill* | |
| ** Click on the award above for further informa | tion / criteria on the award. |
| Name of Nominee: | Nominee's Zone: |
| Nominee's e-mail address: | Nominee's cell #: |
| Nominee's Team (if applicable): | |
| Nominated by: | |
| Nominator's e-mail address: | Nominator's cell #: |
| Please submit an attachment to this nomina | ation form that includes background information on |
| the nominee as well as reasons why the nor | ninee should be considered for the award. |
| Testimonials from players. parents, colleagu | ues, etc. are very strong additions to any application |
| Please submit this nomination form and the | e attached background information to your Zone |
| Commissioner. | |

Deadline to submit nominations to your Zone – MARCH 7th
*Note: U9 & U11 teams have until March 15th to submit their nominations to SMHA

