



# New York State Dottie Maguire Coach of the Year

Presented by: the New York State USBC Youth Leaders

## NOMINATION FORM

The *New York State USBC Dottie Maguire Coach of the Year* award is presented annually to one coach who has been actively involved in a USBC Youth program and has demonstrated outstanding commitment to coaching, sportsmanship and knowledge of USBC rules.

**THIS FORM MUST BE RETURNED BY: April 21st, 2025**

MAIL TO: **Nancy Howell, 11 Hewitt Place, Kingston, NY 12401** OR Email to: **NYSYOUTHLEADERS@gmail.com**

Nominee's Name \_\_\_\_\_ Nominee's evening phone ( ) \_\_\_\_\_

Local USBC/USBC Youth Association Name \_\_\_\_\_

Name of Bowling Center where Nominee coaches \_\_\_\_\_

Number of years Nominee has coached a USBC Youth program \_\_\_\_ Currently an RVP? Yes No

Does the Nominee teach others how to bowl through an approved USBC Youth Program? \_\_\_\_\_

The Nominee's has the what USBC or other coaching certifications? \_\_\_\_\_

Please write a statement on the Nominee's history, service and accomplishments **without mentioning the nominees' name (use addition pages if needed)**. Feel free to attach any supporting documents.

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**EACH NOMINATION SHOULD HAVE BOTH AN ADULT AND A YOUTH BOWLER'S SIGNATURE BELOW. THE NOMINATIONS SHOULD BE A JOINT VENTURE BETWEEN ADULTS AND YOUTH BOWLERS.**

Adults Name (please print) \_\_\_\_\_

Youth's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship with Nominee \_\_\_\_\_

Relationship with Nominee \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_