



IOWA GAMES

Caring Coach Award Application

Please Print or Type

Name of Nominee _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Email _____
Sport _____ Number of Years Coaching _____
Age Level Coached _____

Name of Nominator _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Email _____

Please complete the following question:

If additional space is needed please attach additional pages to this form.

What attributes does your coach possess that makes him/her a Caring Coach? Provide specific examples how he/she puts the welfare of the players before his/her desire to win.

Please feel free to attach additional comments.

APPLICATION MUST BE RECEIVED BY: Friday, July 1, 2016

Mail application to: Iowa Sports Foundation | Caring Coach Award | 1421 S. Bell Ave #104 | Ames, IA 50010

Please direct any questions to Lexi Slater | Assistant Sports Director
888-777-8881 x 103 | lexi.slater@iowagames.org