

IOWA GOLF COURSE SUPERINTENDENTS ASSOCIATION

SUPERINTENDENT and ASSISTANT SUPERINTENDENT of The Year

Nomination Form

Due October 31

Please copy this form in order to make more than one nomination.

Nomination for: (select one per entry)

- Superintendent of the Year** **Assistant Superintendent of the Year**

Name of Nominee _____

Address of Nominee _____

Name of Golf Course/Club _____

Address of Golf Course/Club _____

- 1) Brief outline of Nominee's Past Employment History. (Please provide on a separate sheet.)
- 2) Current reasons for nomination of this applicant (i.e. current golf course conditions, major projects, work ethics, significant accomplishments, work performance, etc.) These items must be for current season only. (Please provide on a separate sheet.)

I certify that the information in these nomination papers is true, accurate and complete.

Signature of Nominator

Position of Nominator

We ask that this nomination paper be co-signed by other Board of Directors of your club/course **or** by other members of the Iowa Golf Course Superintendents Association.

Co-signed

Printed Name

Co-signed

Printed Name

Co-signed

Signature

Co-signed

Signature

Dated this ____ day of _____, 20____.

Please return by **October 31** to: Iowa GCSA Awards Committee
Iowa Turfgrass Office ♦ 17017 US Highway 69 ♦ Ames, IA 50010-9294