***IOWA GOLF COURSE SUPERINTENDENTS ASSOCIATION***

# ASSISTANT SUPERINTENDENT OF THE YEAR

Nomination Form

### Due by October 31, 2019

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

Nomination for: (select one per entry)

** 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 Co-signed

 Printed Name Printed Name

## Co-signed Co-signed

 Signature Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Please return by **October 31** to:

Iowa Turfgrass Office ⬩ ATTN: Awards Committee ⬩ 1605 N Ankeny Blvd, Suite 210 ⬩ Ankeny, IA 50023