Wisconsin Swimming INC.

2011 Long Course Season
Nominations for coach and swimmers of the year

*These items are required in order for this form to be accepted by the coach's rep.
Each coach must turn his or her own Nominations/Voting Ballot; NO GROUP VOTING allowed.

*Name of **coach nominating**: _____ *Team: _____ USA Registration #:_____

*Name of **age group coach* being nominated**: _____ *Team: _____

- Age Group Coach (primarily coaches 14 and under swimmers)

*Please write why you nominated this coach and his/her accomplishments for this season:

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Name of **AGE GROUP (14 and Under) *MALE*** SWIMMER being nominated: _____
Team: _____

*Accomplishments:

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Name of **AGE GROUP(14 and Under) *FEMALE*** SWIMMER being nominated: _____
Team: _____
*Accomplishments:

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Please turn this form to Carol Graham via e-mail **at cagraham@wi.rr.com** or via snail mail to Carol Graham 1716 Thrush Lane Mequon WI 53092. Nominations are due by Friday October 7 2011.

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