Harford County Parks & Recreation Coach of the Month Nomination Form

(Please print)

Recreation Council: ______________________________________________________

Coach Nominated (First and Last name): _________________________________

Sport/Program: ___________________  Age Group Coached: _______________________

Nominated by: ___________________________  Nominee Email and/or Phone: ______________________

Nominator Phone: ___________________________  Nominator Email: __________________________

Please describe how the nominee exemplifies great sportsmanship. How does this coach stand out from other coaches?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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Please describe how the nominee promotes personal growth for all participants, regardless of ability. How does this coach stand out from other coaches?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How would your child describe his/her coach in 5 words?
__________________________________________________________________________

Signature: ___________________________  Date: ___________________________ 

Please send nomination forms to:

Kayla Reilly, kmreilly@harfordcountymd.gov

Please send your nominations by the last Friday of the month.
The Coach of the Month will be announced the 2nd Friday of the following month.