# *New Jersey Cheerleading & Dance Coaches Association*
# *Coaches Recognition Award*
## APPLICATION FORM

**Name of Coach:** _____

**School Affiliation:** _____

**Coach's Address:** _____

**Coach Telephone: Day** _____ **Evening** _____

**Coach's Email Address:** _____

**Person Nominating:**_____

**Title :** _____ **Phone:** _____

**Please write a brief summary describing your coaches qualities based on the following areas: Coaching effectiveness, Commitment to school programs and other athletic teams, Appropriate knowledge and development of cheer program, Developing student leadership, and Community involvement.**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**Complete this form for the conference and mail to:**
**NJCDCA, c/o Kim Gaskin 60 Easton Way, Hainesport NJ 08036**

**Form must be postmarked on or before the deadline posted on the NJCDCA website.**