



NC Youth Soccer AWARDS PROGRAM

Nomination Deadline: November 16, 2018

Award winners will be contacted by NC Youth Soccer immediately following the selection process so he/she will have time to plan their calendar to attend the Luncheon. Each award recipient will be honored at the annual NC Youth Soccer Awards Luncheon. The recipient and the immediate members of their family will be the guests of honor at the luncheon. The Awards Luncheon will be held in conjunction with NC Youth Soccer's Annual General Meeting on Sunday, January 27, 2019 at the Benton Convention Center, Winston-Salem, NC starting at 12:30 p.m.

TOPSoccer Coach-OF-THE-YEAR

The TOPSoccer Coach-of-the-year award was established in 2014 in order to recognize person(s) who display significant coaching ability, devotion to and possession of the outstanding qualities in the TOPSoccer Program.

The areas where the Committee/Executive Board will evaluate each applicant are:

- Demonstrates Patience
- Demonstrates Understanding
- Dependability
- The Flexibility and Ability to Adjust to Ever-Changing on-Field Situations
- The Filling of Multiple Roles (coach, cheerleader, role model, administration)
- Engaging Players One-on-One
- Modeling Desired Behavior
- Cognizant of Player Safety

In order to be considered for the nomination we will need the following:

1. Completed nomination form
2. Soccer summary outlining the following:
 - a. Years involved in TOPSoccer
 - b. Certifications/licenses held (if any)
 - c. Achievements
3. Two letters of recommendation from any of the following (but not limited to):
 - a. League/club president
 - b. Director of Coaching or TOPSoccer Coordinator
 - c. Current or past TOPSoccer families and/or players

NOTE: Nominations will be presented to the NC Youth Soccer Executive Board for their consideration and selection in December.

NOMINATION PAGE
TOPSOCCER COACH OF THE YEAR AWARD

PLEASE ATTACH ACCOMPANYING DOCUMENTS!
MUST INCLUDE PRESIDENT'S SIGNATURE

Name of Nominee: _____
(Please print name EXACTLY as it would appear on a plaque)

Male _____ Female _____

Organization Affiliation: _____

*Nominee's Address: _____

City/State/Zip: _____

*Phone (h) _____ (w) _____ (mobile) _____

Email address _____

** Required information for Nominee*

*Nominated by (Name): _____

*Email address: _____

Address/City/Zip: _____

*Phone (h) _____ Position: _____

*Organization/Affiliation: _____

Signature/Date: _____

***President's Signature** _____

** Required information from organization nominating*

DEADLINE: November 16, 2018
Mail to: **NCYSA Awards Committee**
Attn: Kathy Robinson
PO Box 18229
Greensboro, NC 27419