



ENGLISH BOWLS COACHES SOCIETY NOMINATION FORM

CERTIFICATE OF COMMENDATION 2018/2019

Nominations must be supported by the County or Regional Coach. Full details must be given, as requested, and any further details may be attached or written on the reverse of the form.

Nominees MUST HAVE a minimum of 10 years UNBROKEN membership

**COUNTY
REGION**

COUNTY Nomination by

**FULL NAME OF NOMINEE
ADDRESS**

**POST CODE
E-MAIL**

**TELEPHONE NUMBER
MOBILE NUMBER**

CURRENT MEMBERSHIP NUMBER

Coaching Awards:

Foundation/Beginner /Level 1

Date received

Club Coach/Instructor/Level 2

Date received

Senior/Level 3 Date received

Advanced/Level 4 Date received

Club(s) Outdoor:

Indoor:

Dates of Membership From

To

Signed

Date

Print Name

Position