

**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 245 Linden Street, Moorestown, NJ 08057

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