

**New Jersey Cheerleading & Dance Coaches Association  
Coaches Recognition Award**

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**APPLICATION FORM**

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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.**

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Complete this form for the conference and mail no later than March 16, 2009 to:  
NJCDCA, c/o Kim Gaskin 60 Easton Way, Hainesport NJ 08036