Dr. John A. Schmid Service Award Nomination Form

I wish to nominate the following individual for the John A. Schmid Service Award:

NAME:_____ _____ _____
(FIRST) **(M.I.)** **(LAST)**

1. LEADERSHIP AND/OR ADMINISTRATIVE POSITIONS: DESCRIBE THE POSITIONS HELD, YEARS, ACCOMPLISHMENTS, HONORS/AWARDS with special emphasis on the level of activity, e.g. youth, amateur, professional, etc. and the years of service:

2. COACHING EXPERIENCE: DESCRIBE THE TEAMS COACHED, YEARS, WIN/LOSS RECORD, ACCOMPLISHMENTS, HONORS/AWARDS:

3. OTHER SIGNIFICANT CONTRIBUTIONS TO THE GAME OF SOCCER, E.G. SPONSOR, PROMOTER, SPECTATOR, DELEGATE, SPORTS WRITER, ORGANIZER, ETC.:

USE THE REVERSE SIDE OF THIS FORM OR ATTACHMENTS TO PROVIDE ADDITIONAL DETAIL IF NECESSARY.

ATTACH ANY DOCUMENTS THAT WILL HELP TO SUPPORT THIS NOMINATION.
IT IS NOT MANDATORY THAT THIS PARTICULAR FORM BE USED. OTHER FORMATS OR RESUMES ARE ACCEPTABLE PROVIDED THAT SUFFICIENT DETAIL IS PROVIDED. ANY INFORMATION PROVIDED SHOULD BE VERIFIABLE.

SUBMITTED BY_____ADDRESS _____TEL. NO._____

FORWARD THIS FORM TO: THOMAS M. BAILEY, SECRETARY
OLD TIMERS SOCCER ASSOCIATION OF MD, INC.
11 STRAWBERRY RD
NEW FREEDOM, PA 17349-9495