



**ASSISTANT SUPERINTENDENT OF THE YEAR
NOMINATION FORM**

NOMINATIONS DUE BY MARCH 31, 2019

Name of Nominee: _____

Name of Golf Course/Club: _____

Contact Information of Nominee:

Email: _____ Phone: _____

Please include with completed form:

- 1) Brief outline of Nominee's past employment history.
- 2) Basis for nomination (i.e. current course conditions, major projects, work ethics, significant accomplishments, work performance, etc.

Nominator Information:

I certify that the information in these nomination papers is true, accurate and complete.

Nominator Name: _____ Position: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

We ask that this nomination paper be co-signed by another representative from your club or company or by another member of the Oregon Golf Course Superintendents Association.

Co-Signer Name: _____ Position: _____

Signature: _____ Date: _____

SUBMIT NOMINATIONS BY MARCH 31,2019

MAIL TO: OGCSA
P.O. BOX 1556
OREGON CITY, OR 97045

EMAIL TO: ogcsa@ogcsa.org