

Volleyball Manitoba

**2017 Volleyball Manitoba Player of the Year**

**NOMINATION FORM**

**CATEGORIES:** (please circle)

Gender		Age Group			
Boys	Girls	15U	16U	17U	18U

**Criteria:**

- 1. Must meet the prescribed category age requirements.**
- 2. Must be a member of a Volleyball Manitoba registered team in the 2016-2017 age class season.**

Please answer the following nomination questions honestly and in as much detail as you feel is necessary:

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone #: \_\_\_\_\_ (h) \_\_\_\_\_ (w) Birth Date M/D/Y: \_\_\_\_\_

Club/Team Name: \_\_\_\_\_

- How has this athlete contributed to their team success this club season?**

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- Please list the record of achievements by this athlete on their club team this season.**

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- Please list the other Volleyball Manitoba programs this athlete has participated in.**

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- **How has this athlete proven to be coachable?**

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- **What skills do they excel at?**

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- **In what way has this athlete improved this past club season in comparison to last year?**

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- **Additional Information.**

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\* **Please attach additional sheets if necessary.**

Nominator's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone #: \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_ Fax #: \_\_\_\_\_

Club/Team Name: \_\_\_\_\_

**Nomination Forms can be sent in to VM by:**

**Fax:**  
204-925-5786

**Email:**  
[volleyball.pd@sportmanitoba.ca](mailto:volleyball.pd@sportmanitoba.ca)

**Mail:**  
Volleyball Manitoba  
412-145 Pacific Avenue  
Winnipeg, MB, R3B 2Z6

**NOMINATION DEADLINE: Friday, May 19<sup>th</sup>, 2017 @ 4:30pm**