

BowlersJournal INTERNATIONAL

2007 100 Top Coaches Application Form

Do you know someone who should be recognized as a coach? Are YOU that someone? Bowlers Journal has begun the global search for the 100 Top Coaches to be recognized as active coaches in the magazine's July 2007 issue. Complete and return this form before the January 31, 2007 deadline.

Check all categories that apply:

- Youth Coach**
Coaches who work with youth players outside of the youth league competition environment giving meaningful instruction in the form of individual/group lessons. Coaches who run educational clinics for youth bowlers.
- Collegiate / High School Coach**
Primarily administers, manages and coaches individuals who compete in a team environment. Team may be a club activity, letter sport, intercollegiate or recognized NCAA program.
- Bowling Center / Pro Shop / Professional Coach**
Charges a fee for lessons (individual/group) and instructional clinics for adults and youth athletes. Has documented success for developing competing athletes on USBC Junior Team USA, USBC Team USA, collegiate, professional Regional or Tour players.

Please complete the following application and submit it to the Bowlers Journal by mail or fax. We want the process to be simple and are not in a position to read lengthy novels, so please follow the process.

Coach Information

Full Name _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____
Birth Date _____ Email Address _____

**# of PRIVATE lessons given in
the past 12 months:**

**# of CLINICS held in the
past 12 months:**

Coaching certifications *if any*

Certification Title

Date Earned

Certification Title	Date Earned
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

YES NO I was a BJI "100 Top Coaches" selection in 2006.

NOTE: ONE APPLICATION PER COACH, PLEASE. DUPLICATES WILL BE DISCARDED.

Submit application by **January 31, 2007** to: **Bob Johnson,**
Bowlers Journal International
122 S. Michigan Ave. Suite 1506 - Chicago IL 60603
Fax 312-341-1469

Contact information**Supplemental Information**

COACH NAME

List **CONTACTS** where you or this individual actively coaches.

<input type="checkbox"/> BOWLING CENTER	<input type="checkbox"/> PRO SHOP	<input type="checkbox"/> SCHOOL
BUSINESS NAME		
CONTACT NAME		
CONTACT NUMBER		
EMAIL ADDRESS		

<input type="checkbox"/> BOWLING CENTER	<input type="checkbox"/> PRO SHOP	<input type="checkbox"/> SCHOOL
BUSINESS NAME		
CONTACT NAME		
CONTACT NUMBER		
EMAIL ADDRESS		

<input type="checkbox"/> BOWLING CENTER	<input type="checkbox"/> PRO SHOP	<input type="checkbox"/> SCHOOL
BUSINESS NAME		
CONTACT NAME		
CONTACT NUMBER		
EMAIL ADDRESS		

<input type="checkbox"/> BOWLING CENTER	<input type="checkbox"/> PRO SHOP	<input type="checkbox"/> SCHOOL
BUSINESS NAME		
CONTACT NAME		
CONTACT NUMBER		
EMAIL ADDRESS		

<input type="checkbox"/> BOWLING CENTER	<input type="checkbox"/> PRO SHOP	<input type="checkbox"/> SCHOOL
BUSINESS NAME		
CONTACT NAME		
CONTACT NUMBER		
EMAIL ADDRESS		

<input type="checkbox"/> BOWLING CENTER	<input type="checkbox"/> PRO SHOP	<input type="checkbox"/> SCHOOL
BUSINESS NAME		
CONTACT NAME		
CONTACT NUMBER		
EMAIL ADDRESS		

Please include a separate sheet of contacts if more room is needed.

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Coaching achievements*Supplemental Information*

COACH NAME _____

What are the **Top 3 Coaching Achievements** for you or this coach? Please be brief and to the point.

1.

2.

3.

Please list **advanced or high level athletes** that you or this individual has coached and developed.

ATHLETE NAME
CONTACT NUMBER
EMAIL ADDRESS

ATHLETE NAME
CONTACT NUMBER
EMAIL ADDRESS

ATHLETE NAME
CONTACT NUMBER
EMAIL ADDRESS

ATHLETE NAME
CONTACT NUMBER
EMAIL ADDRESS

Please include a separate sheet of contacts if more room is needed.

Reason for application*Supplemental Information*

Please type or clearly print in 250 words or less why you or this individual should be considered for this category. You may attach a separate sheet, if desired.

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