**CDMHA AWARD APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **AWARD** | Bob Green Memorial Award | | |
| **Due Date:** | March 9, 2025 | | |
| **Submit To:** |  | | nicolesansom75@gmail.com |
| **Eligibility:** | This award recognizes excellence in a CDMHA U15 or U18 goalie | | |
| **Who Can Nominate:** | Coaches can submit who they feel best deserves the award along with a explanation and goalie stats. | | |
| **Criteria:** | * Be respectful of coaches players and referees * Be a team player at all times * Have and exceptional work ethic in both games and practices * Be on time for games and practices * Have played in most of his/her scheduled games * Be a very coachable player * Represent CDHMA with pride. | | |
| **Application Submitted by:** | |  | |
| **Criteria:** |  | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |