

# SENIOR GYMNAST OF THE YEAR

NOTE: Only IHSGGCA MEMBER COACHES  
MAY NOMINATE FOR THIS AWARD

**NEW!! You must include a picture of your nominee with this application.**

Please use/limit 200 words for essay on nominee. Gymnast must have at least a C+ average.

Your nominee **MUST BE IN ATTENDANCE** for the Friday Banquet and Saturday night presentation at the State Meet at Palatine H.S. .

Name of Gymnast: \_\_\_\_\_

Class Rank or \_\_\_\_\_ GPA: \_\_\_\_\_

School: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach Work Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

NOMINATION FORM MUST BE RECEIVED BY Monday of Regional Week.

Please E-mail your nominee to [IHSGGCA@gmail.com](mailto:IHSGGCA@gmail.com)

Please describe the Gymnast's accomplishments and personal character traits (leadership, ability to be coached, dedication to the sport of gymnastics, sportsmanship, etc.).