



2015 CGSA EQUIPMENT TECHNICIAN OF THE YEAR AWARD NOMINATION FORM

Membership No.: _____

Name: _____

Golf Course Name: _____

Address: _____ Home ☐ Business: ☐

City: _____ Province: _____

Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Number of Years as
a CGSA Member: _____

Nominated by: 1. _____

2. _____

***Individuals signing this Nomination Form must be members of the CGSA at the time
the nomination is received by the CGSA or the nomination will be deemed invalid.***

Date received by the CGSA: _____



CGSA Equipment Technician of the Year Award NOMINATION FORM

Please describe how the Nominee has demonstrated professionalism, motivation and the ability to contribute to the efforts of the golf course management team at your facility (500 words or less). Please submit a picture or pictures of the nominee or post a link to a website where a picture can be obtained.