

Michigan Interscholastic Volleyball Coaches Association Special Recognition Award

Name of Individual Nominated: _____	
Address: _____	
Phone Number: (____) _____	
Nominated By: _____	Job Title: _____
What service has been supplied by the nominee?	

How long has the individual been supplying this service? _____	

On a separate attachment, please describe in detail how this nominee has enhanced the game of volleyball.

Please return to:
Jean E. LaClair
450 E. Grant Street
Bronson, MI 49028

Deadline: November 1st. Inductees will be honored at the annual MIVCA Clinic

**This nomination will be good for a three (3) year period of time.