

**M** \_\_\_\_\_ Michigan High School Softball Coaches Association

**H**

**S**

**SOFTBALL**

**C**

**A**

**DOWNING - FALVO AWARD**

**Nomination Form**

**School Name** \_\_\_\_\_ **Division** \_\_\_\_\_

**Address** \_\_\_\_\_

**School Phone Number** \_\_\_\_\_

**Head Coach Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Please list contributions, Community service and leadership actions that your team has provided to your community during the past year. Please enclose photos, articles and recommendations that support your nomination. Attach additional sheets if necessary. This award runs from Sept. 1<sup>st</sup>. 2016 to Sept 1<sup>st</sup>. 2017**

**DEADLINE IS OCTOBER 1ST. 2017 TO SUBMIT**

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**Signature Head Coach**

**Return to: Kathy Moody Breece  
213 Center St.  
Elk Rapids, Mi. 49629**