## 

## 2024 Wheelchair Tennis Coach of the Year Nomination Form

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| --- | --- |
| **Name of Nominee** |  |
| **Nationality** |  |
| **Proposer** |  |
| |  | | --- | | **Proposer Role** | |  |
| |  | | --- | | **Proposer signature** | |  |
| **Career Resume** |  |
| **2024 Achievements** |  |

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (On behalf of National Association)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (On behalf of National Association)

*Note*: Nominations will only be considered if this form is signed by the National Association's President, CEO, General Secretary or other wheelchair tennis circuit approved signatory

# Please kindly complete and return this form via email to: [Wheelchair@itftennis.com](mailto:Wheelchair@itftennis.com)

**All Nominations must be received by Monday 7 April 2025.**