



QUEBEC GOLF SUPERINTENDENTS ASSOCIATION

Nomination Form

BOB TREVIS AWARD

This distinction can only be awarded among candidates referred by supplier members

PLEASE PRINT

Personal Information

Name: _____ First name: _____

Golf Course: _____

Address: _____ App: _____

City: _____ Province: _____ Postal Code: _____

Gender: F M

Telephone (home): () _____ Telephone (club): () _____

Be sure the candidate meets all selection criteria.

SIGNATURE: _____

Propose: _____ Telephone: () _____

Company/Golf Club: _____

The nomination paper, written in French or in English, must be submitted before NOVEMBER 5th of each year.

By mail:
QGSA
Nominations – Bob Trevis Award
1370 Notre-Dame West
Montréal (Québec) H3C 1K8

By fax:
(514) 282-4292

By email:
info@asgg.org