

# **SHERWOOD A. MOORE AWARD NOMINATION FORM**

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**History of Sherwood A. Moore Award:** The Sherwood A. Moore Award was created in 1987 and was named after the legendary Sherwood Moore, former Superintendent at such clubs as Hollywood Golf Club, Woodway Country Club and Winged Foot Golf Club. Anyone that knows the history of golf course management knows that Sherwood will always have his place among the giants of our industry.

Sherwood has been a leader both locally and nationally. He was a great teacher as can be evidenced by the many superintendents that have trained under him. Sherwood has led the way to greater professionalism within the ranks of the golf course superintendent.

**Who should be nominated:** The Sherwood A. Moore Award is presented to a golf course superintendent advancing the professional image, status and reputation of the golf course superintendent.

**The individual being nominated must be a current Class A, LA or LAAF member of the MetGCSA.**

The application must be completed and returned to the Awards Chairman, MetGCSA, 49 Knollwood Road, Elmsford, NY 10523 or email to: [sodowd@mgagolf.org](mailto:sodowd@mgagolf.org) no later than August 12, 2019. No applications will be accepted after August 12<sup>th</sup>.

## **Nominee Information:** (Please Print)

I nominate the following individual for the MetGCSA Sherwood A. Moore Award for his/her contribution to the advancement of the professional image, status, and reputation of the Golf Course Superintendent.

Nominee: \_\_\_\_\_

Club/Association: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**MetGCSA Chapter Involvement**

Years as a MetGCSA Member: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**MetGCSA Board Service**

Years on Board Service: \_\_\_\_\_

<u>Position on Board</u>	<u>Year(s) in Service</u>	<u>To</u>
	<u>From</u>	
President _____		
Vice President _____		
Treasurer _____		
Secretary _____		
Board of Directors _____		

**MetGCSA Committee Service**

List the Met GCSA Committees served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MetGCSA Involvement**

Meeting Attendance: \_\_\_\_\_ Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Rare/Never

Feature Articles written for Tee to Green \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Meetings Hosted: \_\_\_\_\_

**Individuals who trained under nominee:** \_\_\_\_\_  
\_\_\_\_\_

**Unique MetGCSA Contributions (Speaking , Fund Raising, Etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**GCSAA Involvement**

**GCSAA Member Since:** \_\_\_\_\_

**Certified GCS:** Yes \_\_\_ No \_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**GCSAA Board Service**

Years on Board Service: \_\_\_\_\_

<u>Position on Board</u>	<u>Year(s) in Service</u>	<u>To</u>
	<u>From</u>	

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary/Treasurer \_\_\_\_\_

Board of Directors \_\_\_\_\_

**GCSAA Committee Service**

List the GCSAA Committees Served (List years served on each committee)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GCSAA Involvement**

Conference Attendance: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Rare/Never

Seminars Attended: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Rare/ Never

GCSAA Tournament Participation: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Rare/Never

GCSAA Chapter Delegate Service: Yes No Number of Years: \_\_\_\_\_

Articles Written for GCSAA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Unique Contributions to GCSAA (Speaking, Fund Raising, Etc)**

\_\_\_\_\_

**Involvement With Allied Associations or Chapters**

List involvement in turfgrass related associations, universities or other GCSAA

Affiliate Chapters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any offices held in local associations or chapters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Involvement**

List any involvement with community or charitable organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual Submitting Nomination Form**

(Information below must be completed to accept nomination)

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

I certify to the best of my knowledge that the information I have given to be true.

Signature: \_\_\_\_\_