



New York State Snowmobile Association

CLUB OF THE YEAR

NOMINATION FORM – SEASON 20__ to 20__

No Material Will Be Returned

If more room needed to answer questions and/or place photos, please include on separate sheets.

Additional information is encouraged.

CLUB NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ FAX: _____

COUNTY: _____

Email: _____

Website: _____

NYSSA DIRECTOR: _____

Member of what County Association/Federation? _____

APPLICATION SUBMITTED BY: _____

PHONE: _____ EMAIL: _____

How often does the club meet? _____

What percentage of club members attend meetings? _____

How many family and/or individual members belong to club this season?

FAMILY _____ INDIVIDUAL _____

How many club members attend the Forum/Annual NYSSA meeting? _____

Does club conduct Safety Training Classes? _____ How Many? _____

How many students successfully completed the class? _____

How many club members are Certified Safety Instructors? _____

Does the club maintain a rescue team/equipment? _____

Does the club adhere strictly to the Snowmobile Code of Ethics? _____

Does the club enforce the "ZERO TOLERANCE" program? _____

How many miles of trails are maintained by the club?

Corridor _____ Secondary _____

How many hours are spent on grooming? _____

What kind of equipment is used to groom trails? _____

What events/activities did the club have this season? _____

What has club done to promote or improve the image of snowmobiling? _____

RETURN ALL APPLICATIONS TO:

NYSSA, P.O. Box 1040, Pine Bush, NY 12566

(Fax: 888-317-2441 or email nyssooffice@nysnowmobiler.com)

APPLICATIONS MUST BE RECEIVED BY: February 27, 2015 - NO EXCEPTIONS