



New York State Snowmobile Association
GROOMER OF THE YEAR
NOMINATION FORM – Season 20__ to 20__

No Material Will Be Returned

If more room is needed to answer questions and/or place photos, please include on separate sheet of paper.
Additional info is encouraged.

CLUB NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
COUNTY: _____ NYSSA DIRECTOR: _____
Email: _____ Website _____

OPERATORS NAME: _____
JACKET-NUMERICAL SIZE: _____ NAME PRINTED ON JACKET: _____

APPLICATION SUBMITTED BY: _____
EMAIL: _____ PHONE: _____

HOW MANY MILES OF TRAILS HAS APPLICANT GROOMED THIS SEASON? _____
HOW MANY HOURS HAS APPLICANT SPENT GROOMING THIS SEASON? _____
WHAT KIND OF EQUIPMENT IS USED? _____

HOW LONG HAS APPLICANT BEEN INVOLVED IN GROOMING: _____

HAS APPLICANT COMPLETED AN APPROVED TRAIL GROOMING COURSE? _____
IF YES, WHEN AND WHERE? _____

HAS APPLICANT TRAINED NEW OPERATORS? YES/NO HOW MANY? _____

WHAT SAFETY EQUIPMENT IS PROVIDED IN GROOMER? _____

WHAT OTHER CLUB ACTIVITIES DOES APPLICATE PARTICIPATE IN? _____

WHAT, IF ANY, SPECIAL OR EXTRA ORDINARY CIRCUMSTANCES HAS APPLICANT
EXPERIENCED WHILE GROOMING? _____

RETURN ALL APPLICATIONS TO:
NYSSA, P.O. Box 1040, Pine Bush, NY 12566
(Fax: 888-317-2441 or email nyssaoffice@nysnowmobiler.com)
APPLICATIONS MUST BE RECEIVED BY: February 27, 2015 - NO EXCEPTIONS