GOLD LIFETIME PASS NOMINATION

ASAA has adopted a program under which those individuals who have made an extraordinary contribution to high school activities in Alaska and/or at the national level may be selected as recipients of an ASAA Gold Lifetime Pass.

Program

- Qualifications: Significant service to high school students of Alaska through demonstrated leadership for at least twenty (20) years at the state and/or national level. Served as activities administrator, coach/director/advisor, official, community supporter, or committee member.
- Number: Up to eight (8) recipients may be selected each year, one from each region or association.
- Use of Passes: The Gold Lifetime Pass will be honored at all ASAA events, and will provide free entry for the recipient and one guest. Passes are not transferrable.
- Selection Process: Regions or associations will forward nominations to the Board of Directors which will make the final selection at the Spring BOD meetings.

Gold Passes issued by the Board in previous years will be honored for admission to state tournaments.

NOMINEE CONTACT INFORMATION

Nominee's last name | **Nominee's first name** | **M.I.**

Address | **City** | **Zipcode**

Day phone | **Evening phone** | **Email**

NOMINATOR'S CONTACT INFORMATION

Printed name of person submitting nomination letter supporting qualifications of nominee

Address | **City** | **Zipcode**

Daytime phone | **Email** | **Date of nomination** _____/_____/_____

ALASKA SCHOOL ACTIVITIES ASSOCIATION
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GOLD LIFETIME PASS NOMINATION

continuation

Describe the nominee's significant service to high school students of Alaska through demonstrated leadership for at least twenty (20) years at the state and/or national level. Specify roles served (activities administrator, coach, director, advisor, official, community supporter, committee member), dates, exemplary performance and outcomes, etc. Use additional pages if necessary. Letters of support may also be included or forwarded.

FOR OFFICE USE ONLY

Date received

_____/_____/_____

Date reviewed by Board

_____/_____/_____

Board of Directors' decision

☐ APPROVED ☐ DISAPPROVED

Comments

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