



# BOYS ASSISTANT COACH OF THE YEAR NOMINATION FORM

District: \_\_\_\_\_ Boys or Girls Division: I II III IV

Name: \_\_\_\_\_ OHSBCA Member: Yes or No

School: \_\_\_\_\_ Number of Years a Member of OHSBCA: \_\_\_\_\_

Address: \_\_\_\_\_ Years as a Coach: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## COACHING CAREER (Present to Past)

<u>School</u>	<u>Years</u>	<u>Position</u>

## HEAD COACH COMMENTS

---



---



---

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Head Coaches must submit forms to your District Director in February \*\***

**All Nominations must include a photograph of the nominee, otherwise Nomination is voided.**

Please submit the nomination to:

**Bob Von Kaenel  
Dover High School  
520 North Walnut Street  
Dover, OH 44622 – 7042**

**DUE MARCH 1<sup>st</sup>**

**Phone: 330 – 364 – 7143**

**Email: [vonkaenelr@dovertornadoes.com](mailto:vonkaenelr@dovertornadoes.com)**