



Ohio High School Basketball Coaches Association

DAVE BUTCHER • *Girls Showcase Director*

OHSBCA GIRLS SHOWCASE NOMINATION FORM

PLEASE PRINT OR TYPE

Name: _____

Birthdate: _____ Home Phone: _____

Email Address: _____ Player Cell Phone: _____

Home Address: _____

City: _____ Zip: _____

School Name: _____ School Phone: _____

Coach Name: _____ Coach Cell Phone: _____

Coach Email: _____ OHSBCA District: _____

Player Preferred Method of Contact: (Please Circle)

Email

Postal Mail

Cell Phone

Home Phone

PLAYER STATISTICS:

Height: _____ Weight: _____ Grade: _____ Graduation Year: _____

Points Per Game: _____ Most Points in a Game: _____

Rebounds Per Game: _____ Most Rebounds in a Game: _____

Assists Per Game: _____ Most Assists in a Game: _____

DUE BY FEBRUARY 10, 2017 – TO YOUR DISTRICT DIRECTOR

Please send nomination forms to your district director.