



# GIRLS 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

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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:

**Doug Graham  
Ironton High School  
1701 S 7<sup>th</sup> Street  
Ironton, OH 45638**

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

**Phone: 740 – 532 – 3911**

**Email: [doug.graham@tigertown.com](mailto:doug.graham@tigertown.com)**