



GIRLS COACH OF THE YEAR NOMINATION FORM

District: _____

Division: I II III IV

Name: _____ OHSBCA Member: Yes or No

Email: _____ Number of Years a Member of OHSBCA: _____

School: _____ Years as a Head Coach: _____

SEASON STATISTICS

Season Record: _____ Tournament Record: _____ Overall Record to Date: _____

Final State Ranking: _____ AP Poll Ranking: _____

Team Accomplishments This Season: _____

Comments by District Director: _____

CAREER STATISTICS

Career Record (Ohio Coaching Only)

Boys Head Coach Record: _____

Girls Head Coach Record: _____

Overall Head Coach Record: _____

League Titles: _____

Tournament Success (Ohio Only)

Sectional Championships: _____

District Championships: _____

Regional Championships: _____

State Championships: _____

Coach of the Year Awards previously won (State, City, League, etc.): _____

Submitted by District Director: _____ Date: _____

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

Please submit the nomination to:

**Dave Butcher
Pickerington North High School
7800 Refugee Road
Pickerington, OH 43147 – 7987**

DUE MARCH 1st

Phone: 614 – 830 – 2756

Email: dave_butcher@fc.pickerington.k12.oh.us