



PAUL WALKER COACH OF THE YEAR AWARD NOMINATION FORM

DISTRICT: _____ **NOMINEE**

Coach's Name: _____

School: _____

School Address: _____ **Phone:** () _____

Home Address: _____ **Phone:** () _____

Life Time Won-Loss Record --- Head Coach _____ **Record in Ohio:** _____

Overall Record - Total Years of Coaching: _____ **Varsity Coach:** _____ **JV Coach:** _____

Record in Ohio - Total Years of Coaching: _____ **Varsity Coach:** _____ **JV Coach:** _____

List All Schools in which nominee has coached and tenure at each: _____

Honors: Past and Current: _____

OHSBCA Member: _____ **Number of Years:** _____

Contributions at the Local & State Level for the OHSBCA: _____

Offices held in the OHSBCA: _____

Other Comments: _____

PRESS RELEASE INFORMATION

Family (List Spouse & Children by Name) _____

Birth Place: _____ **Date:** _____ **High School Attended:** _____

Parent: _____ **College Attended:** _____

Local Newspaper(s): _____

High School - College Honors: _____

Please submit the nomination to:

Bob Von Kaenel

(330) 364 - 7143

Dover High School

DUE OCTOBER 1ST

520 N Walnut St

Dover, OH 44622 - 2834