



BOYS 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)

Tournament Success (Ohio Only)

Boys Head Coach Record: _____ Sectional Championships: _____
Girls Head Coach Record: _____ District Championships: _____
Overall Head Coach Record: _____ Regional Championships: _____
League Titles: _____ 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:

**David Sheldon
Colonel Crawford High School
2303 State Route 602
North Robinson, OH 44856**

DUE MARCH 1st

**Phone: 419 – 562 – 4666
Email: sheldon.david@cck12.org**