



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

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:

**Greg Rickard
Convoy Crestview High School
531 E. Tully St
Convoy, OH 45832**

DUE MARCH 1st

Phone: 419 – 605 – 5599

Email: rickard.greg@crestviewknights.com