



GIRLS COACH OF THE YEAR NOMINATION FORM

District: _____

Division: I II III IV

Name: _____ OHSBCA Member: Yes or No
Years as a Head Coach: _____ Number of Years a Member of OHSBCA: _____
School: _____ Years at Present School: _____

SEASON STATISTICS

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

Final State Ranking: _____ AP Poll _____

Team Accomplishments This Season: _____

Comments by District Director: _____

CAREER STATISTICS

Career Record (Ohio Wins 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
12589 Bentley Dr
Pickerington, OH 43147 – 8518**

DUE MARCH 1st

Phone: 614 - 580 - 3845

Email: butcherdave06@gmail.com