



GIRLS PLAYER OF THE YEAR NOMINATION FORM

District: _____ Division: I II III IV

Player Name: _____ Coach Name: _____

School: _____ OHSBCA Member: Yes or No

Position: _____ Height: _____ Weight: _____ Number of Years a Member of OHSBCA: _____

SENIOR YEAR STATISTICS

Points Per Game: _____ Rebounds Per Game: _____ Assists Per Game: _____

Steals Per Game: _____ FG% _____ FT% _____ 3FG% _____

Number of Games Played in: _____ Team Record: _____

Coaches Comments: _____

CAREER STATISTICS

Points Per Game: _____ Rebounds Per Game: _____ Assists Per Game: _____

Steals Per Game: _____ FG% _____ FT% _____ 3FG% _____

Number of Years on Varsity: _____ Number of Varsity Games: _____ Team Record: _____

Honors: _____

ACADEMICS

GPA: _____ Class Rank: _____ Test Scores: _____

Has this player signed with a college? Yes or No If so, name of college: _____

Submitted by District Director: _____ Date: _____

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

Please submit the nomination to:

**Dave Schlabach
PO Box 250
Berlin, OH 44610**

DUE MARCH 1st

Phone: 330 – 893 – 2626

Email: dschlabach@hummelgrp.com