



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: _____

Parents: _____ College Attended: _____

Local Newspaper(s): _____

High School - College Honors: _____

Please submit the nomination to:

Bob Von Kaenel

(330) 364 - 7143

Dover High School

520 N Walnut St

Dover, OH 44622 - 2834

Email: vonkaenelr@dovertornadoes.com

DUE OCTOBER 1ST