**BOYS ASSISTANT COACH OF THE YEAR**

**NOMINATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| District: |  | Boys or Girls | Division: | I II III IV |

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| --- | --- | --- | --- |
| 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)** |
| **School** | **Years** | **Position** |
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| **HEAD COACH COMMENTS** |
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| 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: Bob Von Kaenel**

 **Dover High School**

**DUE MARCH 1st 520 North Walnut Street**

 **Dover, OH 44622 – 7042**

**Phone: 330 – 364 – 7143**

**Email:** **vonkaenelr@dovertornadoes.com**