**BOYS ASSISTANT COACH OF THE YEAR**

**NOMINATION FORM**

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| --- | --- | --- | --- | --- |
| 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**](mailto:vonkaenelr@dovertornadoes.com)