**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: Mike Miller**

 **Triway High School**

 **3205 Shreve Rd**

**DUE MARCH 1st Wooster, OH 44691**

**Phone: 330 – 466 – 8599**

**Email:** **coachmiller234@gmail.com**