

OHIO HIGH SCHOOL WRESTLING COACHES ASSOCIATION
Nomination Form – State Coach of the Year

Circle one: **DIVISION** I II III

Circle one: **DISTRICT** C NE E/SE NW SW

NOMINATION INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

State/Zip: _____

School: _____

WRESTLING STATISTICS (PREVIOUS YEAR):

State Place: _____

District Place: _____

Sectional Place: _____

Dual Record: _____

WRESTLING STATISTICS (CAREER):

	SCHOOL	YEARS	W-L
Current	_____	_____	_____
Previous	_____	_____	_____
Previous	_____	_____	_____
Previous	_____	_____	_____

WRESTLING COACHING AWARDS/DISTINCTIONS:
(Media - League – County – State – Regional – National, etc.)

- 1.
- 2.
- 3.
- 4.

**WRESTLING ORGANIZATIONS:
(OHSWCA, NWCA, USA Wrestling, etc.)**

- 1.
- 2.
- 3.
- 4.

OTHER CREDENTIALS:

- 1.
- 2.
- 3.
- 4.

INDIVIDUAL STATISTICS:

State Champions:

State Placewinners:

State Qualifiers:

District Champions:

Sectional Champions

TEAM STATISTICS

STATE placements
Year – Division – Place

DISTRICT Placements
Year – Division – Place

SECTIONAL Placements
Year – Division – Place

Please include a paragraph briefly stating additional information about nominee that may be helpful to the selection committee (ex. Involved in YMCA programs, church programs, etc.)