

ST. CROIX VALLEY ATHLETIC HALL OF FAME  
COACH NOMINATION FORM

Name of person being nominated: \_\_\_\_\_

Last Name First Name Middle

Current Address: \_\_\_\_\_

Street City State Zip Code

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sport for Which This Coach is Being Considered: \_\_\_\_\_ RETIRED: \_\_\_\_\_

**\*Person being nominated must have retired from the position for which he/she is being nominated for a min. of 5 yrs.**

**\*Nominating person must fill out the areas below and supply one or two accompanying letters of recommendation  
From any person or people stating why this person should be considered a Hall of Fame candidate.**

Name of Person Nominating the Above Coach: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**COACHING HISTORY**

LIST ALL SPORTS, LEVELS (VARSITY, JR. HIGH, ETC.), AND YEARS OF SERVICE FOR EACH

<u>SPORT</u>	<u>LEVEL</u>	<u>YEARS OF SERVICE (FROM/TO)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TEAM COACHING ACHIEVEMENTS**

CONFERENCE, REGION/SECTION, STATE HONORS

<u>SPORT</u>	<u>LEVEL: (CONF., REG., STATE)</u>	<u>HONOR: (RUNNER-UP, ETC.)</u>	<u>YEARS(S)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INDIVIDUAL COACHING HONORS**

(COACH OF THE YEAR – CONF., REG., STATE; ASSOCIATION HONORS; HALLS OF FAME, ETC.)

<u>SPORT</u>	<u>AWARD/RECOGNITION</u>	<u>YEAR(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COACHING RECORD (WINS/LOSSES)**

<u>SPORT</u>	<u>WINS</u>	<u>LOSSES</u>	<u>TIES</u>	<u>W/L PERCENTAGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INFORMATION IN SUPPORT OF THIS COACH'S NOMINATION MAY BE SUBMITTED SEPARATELY.