

- Coach/Athletic Administrator Nomination Application -

Date:	
Name of Nominee:	
Nominee maiden name, if	applicable:
Nominee Current Address:	:
Nominee Current Home Ph	none: Cell Phone:
Nominee Email:	
OHS teams participated wi (Include year participated)	ith:
OHS awards, championshi	ps, etc:
Other OHS recognitions: _ (not included above)	
Post-High School information – college athletics, any other athletic information/participation:	
Nominators Name:	
Nominators Address:	
Nominators Home Phone:	Cell Phone:
Nominators Email:	
	Please return the application to the OHS Athletic Office

Email to LoppnowB@oasd.org or mail to 641 E. Forest Street, Attn: Athletic Department, Oconomowoc, WI, 53066