

## - Coach/Athletic Administrator Nomination Application -

| Date:   | -  |  |
|---|--|--|
| Name of Nominee:  |  |  |
| Nominee maiden name, if applicable:   |  |  |
| Nominee Current Address:  |  |  |
| Nominee Current Home Phone:   | Cell Phone:  |  |
| Nominee Email:  |  |  |
| (Include year participated)   |  |  |
|   |  |  |
|   |  |  |
| (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 OHSAthletics@oasd.org or mail to 641 E. Forest Street, Attn: Athletic Department, Oconomowoc, WI, 53066