



## HALL-OF-FAME NOMINATION FORM – COACH

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

COACHING HISTORY	BOYS	GIRLS
Total years coaching high school soccer		
Total years as high school head coach		
School(s) as high school head coach		
Varsity record		
Conference championships		
Regional Championships		
Sectional Championships		
State Tournament Appearances / Finishes		

**IHSSCA/NSCAA Honors: (Coach of the Year; Assistant Coach of the Year; Person of the Year; Sportsmanship)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Service to IHSSCA/NSCAA: (Committees; Coordinator; Officer)**

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**Return Application to:**

**Brian Papa  
9241 Star Court  
Frankfort, IL 60423**