

Iowa High School Baseball Coaches Association

District Coach of the Year Questionnaire

Please fill out + leave with District Chairman today - or text/fax/email form to Lee tomorrow

Personal Information:

Coach's Name _____ Coach's School _____

Home Address _____ City _____ Zip _____

Cell Phone _____ School Phone _____

E-Mail Address _____

Assistant Coach Name _____ Is he an association member? YES NO

Circle your school's class and district:

1A 2A 3A 4A NE W NW SW C SC NC SE

Coaching Information:

Summer Record: Won _____ Lost _____ Career Varsity Record: Won _____ Lost _____

Years Coached _____ Years you have been an IHSBCA Member _____

Conference Name _____ Did you win the Conference Title this year? YES NO

Circle the following titles your team won this season: Conference District Sub-State

List any office you've held in the IHSBCA _____

Fill in other baseball honors you have received: Win Club # _____ Longevity # _____

All-Star Coach _____ Conf. Coach of Year _____ District Coach of Year _____ State Coach _____

Please complete this form and leave it with the District Chairman before you leave today if possible.

Text/Fax/E-mail the completed form to Lee Toole tonight or tomorrow if you can't complete it today.

State Tournament Coaches – Return this form within 4 days to:

Lee Toole 301 Wildwood Road

Council Bluffs, Iowa 51503 fax: 712-366-8324 E-Mail: toolehome@hotmail.com