

Iowa High School Baseball Coaches Association

District Assistant Coach of the Year Questionnaire

Criteria for this award: Assistant must be a member of the IHSBCA and have served as an assistant for a minimum of 3 years as an assistant coach.

Personal Information:

Coach's Name _____ Coach's School _____

Home Address _____ City _____ Zip _____

Cell Phone _____ School Phone _____

E-Mail Address _____

Years served as Assistant at current school _____ Total years as an Assistant _____

Circle your school's class and district:

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

Coaching Information:

2023 Varsity Record: _____ **JV Record:** _____ **9th/10th Record:** _____

Record during assistant's tenure: **Overall Varsity record** _____ **JV record** _____

Assistant Coaches Responsibilities/Duties: _____

Importance to your team: _____

Additional Comments: _____

How many years has assistant been a member of the IHSBCA: _____

Nominating Head Coach _____ **E-Mail** _____

Home Address _____ City _____ State _____

Cell Phone _____ School Phone _____

Return this form to:

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