

Iowa High School Baseball Coaches Association

All Star Coach Nomination Form

Personal Information:

Coach's Name _____ Coach's School _____
Home Address _____ City _____ Zip _____
Cell Phone _____ School Phone _____
E-Mail Address _____

Circle your school's affiliation: Large West Small West Large East Small East

Coaching Information:

Last Year's Record: Won _____ Lost _____

Career Varsity Record: Won _____ Lost _____

Years you have coached high school baseball _____

Number of years you have been an IHSBCA Member _____

Conference Name _____

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

Did your team qualify for the state tournament last season: YES NO

List any offices you've held in the IHSBCA:

** _____

** _____

** _____

List any awards you've won in the IHSBCA:

** _____

** _____

** _____

** _____

List any other years you've coached in the All Star Game:

Circle:

**Year _____ Location _____ Head Coach / Assistant

**Year _____ Location _____ Head Coach / Assistant

**Year _____ Location _____ Head Coach / Assistant

Do you regularly attend the IHSBCA:

Annual Clinic YES NO

All Star Series YES NO

District Meeting YES NO

Prospect Showcase YES NO

Please circle your school's class and district:

1A 2A 3A 4A

NE W NW SW C SC NC SE

Return this form to:

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