

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:

2024 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:

Lee Toole 301 Wildwood Road Council Bluffs, Iowa 51503 // **Fax:** 712-366-8324
Take a cell phone picture of form and **Text to:** 402-689-8271 **E-Mail:** toolehome@hotmail.com