



OHIO ASSOCIATION OF
OATCCC
TRACK & CROSS COUNTRY COACHES

HALL OF FAME APPLICATION COACH

Date of Nomination: _____

Complete form and submit to your OATCCC District Rep by June 30th.

Type or Print using blue or black ink.

(do not submit additional pages – anything additional will not be considered)

Nominee Information

Full Name			
Street Address			
City / State / Zip Code			
Phone			
Email			
Nominee Deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If deceased, name and contact info of nearest relative or contact			
Schools Coached	Dates	Sports	
		<input type="checkbox"/> XC <input type="checkbox"/> Track & Field	
		<input type="checkbox"/> XC <input type="checkbox"/> Track & Field	
		<input type="checkbox"/> XC <input type="checkbox"/> Track & Field	
OATCCC Position(s) Held? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:		
Other XC/TF related positions:			

State Meet Performances

Year	Team or Athlete	Place	Event	Time/Mark



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Nominee Name: _____

Conference/League Meet Performances

Year	Team or Athlete	Place	Event	Time/Mark

Other coaching and noteworthy accomplishments:

OATCCC Use Only

Rep Nominator _____	Dist # _____
Phone # _____	Email _____
Rep Signature _____	