## IHSTCA COACH OF THE YEAR NOMINATION FORM

Coach,

Please help the Illinois High School Tennis Coaches Association recognize outstanding head and assistant coaches. Please nominate individuals that you feel merit consideration for the IHSTCA Coach of the year. YOU MAY DROP OFF THE NOMINATION DURING REGISTRATION AT THE STATE TOURNAMENT IF YOU WISH.

COACHES MUST BE CURRENT MEMBERS OF THE IHSTCA TO BE ELIGIBLE FOR THIS AWARD!

## Coach

Name	×					
School					Phone	eg
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Boys (Please X)	Head	Assis	tant	Girls (Please X)	Head	Assistant
Nomina	ator					
Name			and the first of the control of the	School		
Coach	Player	AD	Fan		Phone	
Reason	for N	ominat	ion			
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SEND NOMINATIONS FOR BOYS AND GIRLS TO:

Carrie Watson 11568 Country Club Road Marion, IL 62959 cawatson@marionunit2.org

Fax: 618-997-0477