

OHSBCA SHOWCASE NOMINATION FORM

PLEASE PRINT OR TYPE

Name: _____

Birth Date: _____

E-Mail Address: _____

Home Phone: _____

Home Address: _____

City: _____

School Name: _____ School Phone: _____

Coach's Name: _____ Coach's Phone: _____

PLAYER STATISTICS:

Height: _____ Weight: _____ Grade: _____ Graduation Year: _____

Points Per Game: _____ Most Points in a Game: _____

Rebounds Per Game: _____ Most Rebounds in a Game: _____

Assists Per Game: _____ Most Assists in a Game: _____

Coach's Signature: _____

Please send nomination forms to your district director.

Doug Stiverson, District Director
Logan Elm High School
9575 Tarlton Road
Circleville, OH 43113

FAX: 740-477-6525
PHONE: 740-474-7503 ext. 341