

IGHSAU/IHSAA JOINT ADVISORY COMMITTEE NOMINATION FORM

Criteria for Selection:

- 1. Nomination of coaches must come from the nominee's high school administration;*
- 2. Nominees must be a head coach in the sport for which the nomination is being made.*

Name of Nominee _____

Email: Work _____ **Home** _____

High School at Which Nominee is a Coach _____

Phone: Home _____ **Work** _____ **Cell** _____

Check the sport advisory committee for which the nomination is being made:

Bowling _____ **Cross Country** _____ **Track and Field** _____

Sport Classification _____ **Years coaching** _____

Describe reasons why this individual merits consideration for IGHSAU/IHSAA Sports Advisory Committee appointment. You may use the reverse side of this form if necessary.

School Submitting nomination _____

Signature and title of person submitting the nomination

Address _____

Phone (_____) _____ **Date** _____

Please email this application to: advisory@ighsau.org by June 1.

IGHSAU/IHSAA Joint Committee selection is final upon approval of the Board of Directors of the IGHSAU and the Board of Control of the IHSAA.