

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.