OKLAHOMA COACHES ASSOCIATION ALL STATE BOYS BASKETBALL NOMINATION FORM

OFFICE	E USE ONLY
Rec'd:	
Other:	

DUE: MARCH 24, 2020 (All late forms will be subject to a fine.)

Only Senior Basketball players are eligible.

STAPLE a labeled photo in the top left-hand corner. <u>LABEL the back</u> of the photo with the athlete's name, school and sport.

Please circle the appropriate information in the four (4) categories below:

EAST / WE	ST		LARGE:	6A 5A 4A		
REGION:	1 2 3 4 5	678	SMALL:	3A 2A A B		
ATHLETE'S NAME:						
ADDRESS:						
PHONE: ()		EMAIL:			
HIGH SCHOO	L:					
(Please circle) POSITION:	GUARD	FORWARD	CENTER			
Jersey Size:			Jersey #:	Height:		Weight:
RING SIZE:	A	All State athletes	are awarded an All S	tate ring only if they	participate in the A	All State Games.
				<u>sible.</u> The OCA mu be completed for the		h the athlete at an sidered for All State
			ich more important not always be chos	than athletic ability en.	. Due to the selec	tion process and

In nominating this prospective All State athlete, I understand I assume the responsibilities as the coach in seeing that my nominee, if selected, will abide by the rules and regulations ascribed by the Oklahoma Coaches Association.

COACH'S NAME:	
COACH'S SIGNATURE:	
HOME ADDRESS:	
CITY:	STATE: ZIPCODE:
PHONE: ()	EMAIL:

Coach and athlete information MUST be filled out for the All State nomination to be considered complete.

<u>The head coach must be a member of the Oklahoma Coaches Association in order to nominate an athlete</u> for All State. The nomination form must be signed by the head coach.

(Please Print) Nominee's Name:		Sch	nool:						
Team Record	<u>Playoff</u>	Playoff Advancement							
Sophomore Year: W L									
unior Year: W L									
Genior Year: W L									
NDIVIDUAL STATISTICS	<u>SR. YEA</u>	<u>SR. YEAR</u>			CAREER				
Fotal Points Scored / Scoring Average per Game	/			/					
2-Point FGS Made / 2-Point FGS Attempted / %	/	_/	%	/	/	%			
3-Point FGS Made / 3-Point FGS Attempted / %	/	_/	%	/	/	%			
Free Throws Made / Free throw Shots Attempted / FT %	/	/	%	/	/	%			
Fotal Rebounds / Rebounds Average per Game	/			/					
Total Assists / Assists Average per Game	/			/					
Total Steals / Steals Average per Game	/			/					
ADDITIONAL INFORMATION	G	.P.A c	on a 4.0 Scale:		_				
Other sports participated in and any honors or awards received:									
List any academic or student awards/honors received, any class	offices held and an	ny oth	er club or organization	memberships:					
Additional Comments:									

FAX: You may also fax a copy to (405) 635-9325. Do not fax the picture!! Please mail original forms and pictures to the OCA office.

<u>PHOTOS</u>: Please label the back of your photo. Pictures should be appropriate for the All State program and will not be returned. If you lack a photo, you may send in a labeled picture as soon as one is available.

A copy of the nomination form must be in the office on March 24, 2020. Make any additional copies as needed.

Selection committee members are not exempt from the due date. Late nominations brought in the office on the day of the selection will be subject to a fine.