OKLAHOMA COACHES ASSOCIATION ALL STATE SWIMMING NOMINATION FORM

| OFFIC | E USE UNL Y |
|--------|-------------|
| Rec'd: | |
| Other: | |

| DUE: MARCH 5 | , 2024 (All | late forms will | be subject to a fine.) | |
|--------------|--------------------|-----------------|------------------------|--|
|--------------|--------------------|-----------------|------------------------|--|

Only Senior Swimmers are eligible.

STAPLE a labeled photo in the top left-hand corner. LABEL photo with the athlete's name, school and sport.

<u>Please complete the athlete profile information as accurately as possible.</u> The OCA must be able to reach the athlete at an address and phone number other than the school. This form must be completed for the athlete to be considered for All State honors.

Longevity in the program and character are much more important than athletic ability. Due to the selection process and guidelines, please note that the top athletes may not always be chosen.

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: |
| DHONE: () | EMAII. | |

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

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

ALL STATE SWIMMING ATHLETE PROFILE (PAGE 2)

| (Please Print) Nominee's Name: | School: | | | |
|--|---|--|--|--|
| REGIONAL and STATE EVENTS | | | | |
| JUNIOR YEAR: | | | | |
| Regional and State Events / Finishes / Best Times | | | | |
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| | | | | |
| | | | | |
| | | | | |
| SENIOR YEAR: | | | | |
| Regional and State Events / Finishes / Best Times | | | | |
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| | | | | |
| ADDITIONAL INFORMATION | G.P.A on a 4.0 Scale: | | | |
| Other sports participated in and any honors or awards received: | | | | |
| | eld and any other club or organization memberships: | | | |
| Additional Comments: | | | | |
| MAIL FORM TO: Oklahoma Coaches Association, 8080 Crystal Park Ave., Oklahoma City, OK 73139. | | | | |

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

EMAIL: Email forms to lea.mouss@oklahomacoaches.org. Please SCAN your form (PDF) and photo (JPEG). Do not email a photo of the form and photo. Scanned nominations are preferred.

<u>PHOTOS:</u> Please label 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 5, 2024. 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.