

**OKLAHOMA COACHES ASSOCIATION  
ALL STATE BOYS BASKETBALL  
NOMINATION FORM**

**OFFICE USE ONLY**

Rec'd: \_\_\_\_\_

Other: \_\_\_\_\_

**DUE: MARCH 13, 2024** (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. **LABEL the back** of the photo with the athlete's name, school and sport.

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

**EAST / WEST**

**LARGE: 6A 5A 4A**

**REGION: 1 2 3 4 5 6 7 8**

**SMALL: 3A 2A A B**

ATHLETE'S  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

(Please circle)

POSITION:      GUARD              FORWARD              CENTER

Jersey                      Shorts  
Size: \_\_\_\_\_              Size: \_\_\_\_\_              Jersey #: \_\_\_\_\_              Height: \_\_\_\_\_

RING SIZE: \_\_\_\_\_      All State athletes are awarded an All State ring **only if** they participate in the All State Games.

**Please complete the athlete profile information as accurately as possible.** 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: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

*Coach and athlete information **MUST** be filled out for the 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 BOYS BASKETBALL ATHLETE PROFILE (PAGE 2)

(Please Print)

Nominee's Name: \_\_\_\_\_ School: \_\_\_\_\_

## Team Record

## Playoff Advancement

Sophomore Year: W \_\_\_\_\_ L \_\_\_\_\_

\_\_\_\_\_

Junior Year: W \_\_\_\_\_ L \_\_\_\_\_

\_\_\_\_\_

Senior Year: W \_\_\_\_\_ L \_\_\_\_\_

\_\_\_\_\_

## INDIVIDUAL STATISTICS

## SR. YEAR

## CAREER

Total 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 %

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_%

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_%

Total Rebounds / Rebounds Average per Game

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Total Assists / Assists Average per Game

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Total Steals / Steals Average per Game

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

## ADDITIONAL INFORMATION

G.P.A 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 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 original forms and pictures to the OCA office.**

**EMAIL: You can 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.**

**PHOTOS: 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 13, 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.**