



Connecticut High School Coaches Association

Hall of Fame

Nomination Application

Babby Nuhn, Chairperson – HOF

Instruction & Important Information: This form must be completed completely. An incomplete form will be returned to sender. All documented information will be verified, and all nominees will be vetted prior to final committee vote. Only a current CHSCA member can nominate any former/current CHSCA member for the CHSCA Hall of Fame. Nominee must hold valid CHSCA membership. Any questions: Babby Nuhn – email: bnuhn@northbranfordschools.org

All completed applications must be sent to: CHSCA, HOF Committee, 30 Realty Drive, Cheshire, CT. 06410.

Nominations are accepted from September 1 to June 10 each academic year.

Nominee's Personal Information

Nominee's Application: _____

Mailing Address: _____ CHSCA membership #: _____

City/Town: _____ State: _____ Zip: _____

Email (required) _____

Phone #'s (required) – Home: _____ Cell #: _____

Nominee's name as it should appear on award(s): _____

Nominee is: Active Coach: _____ Retired Coach: _____ Posthumous Coach: _____

Athletic Director: _____ Media: _____ Other: _____

Person Making Nomination (Sponsor):

Name _____ CHSCA membership #: _____

Mailing Address: _____ City: _____ State: _____

Email (required): _____

Home #: _____ Cell #: _____

Coaching History:

| Start Date End Date | School (Full Name of High School) | City/Town | Sports Coached & Title (Example – Head Coach / Assistant) | Total Years |
|--------------------------------|--|------------------|--|--------------------|
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Total number of years as a Head Coach:

Head Coach of _____ for _____ seasons
(sport) (number)

Head Coach of _____ for _____ seasons

Head Coach of _____ for _____ seasons

Head Coach of _____ for _____ seasons

Total number of years as an Assistant Coach:

Assistant Coach of _____ for _____ seasons

Assistant Coach of _____ for _____ seasons

Assistant Coach of _____ for _____ seasons

Varsity Head Coach Win / Loss Data:

Information: Win / Loss/ Tie record verses common opponent only. Result of multi team meets, matches, league, or state competitions not to be considered.

Sport: _____ Total Games/Matches/Meets: _____

Wins: _____ Losses: _____ Ties _____ Win % _____

Sport: _____ Total Games/Matches/Meets: _____

Wins: _____ Losses: _____ Ties _____ Win % _____

Sport: _____ Total Games/Matches/Meets: _____

Wins: _____ Losses: _____ Ties _____ Win % _____

Team Championships:

Detail history of championship(s) – league and/or state.

- 1. State Championship(s)
 - a. How many? _____ Sport: _____ Year(s) _____
 - b. How many? _____ Sport: _____ Year(s) _____
 - c. How many? _____ Sport: _____ Year(s) _____
 - d. How many? _____ Sport: _____ Year(s) _____
- 2. State Semi-Final(s):
 - a. How many? _____ Sport: _____ Year(s) _____
 - b. How many? _____ Sport: _____ Year(s) _____
 - c. How many? _____ Sport: _____ Year(s) _____
 - d. How many? _____ Sport: _____ Year(s) _____

Team Championships:

Detail history of championship(s) – league and/or state.

- 3. League/Conference Championship(s)
 - 1. How many? _____ Sport: _____ Year(s) _____
 - 2. How many? _____ Sport: _____ Year(s) _____
 - 3. How many? _____ Sport: _____ Year(s) _____
 - 4. How many? _____ Sport: _____ Year(s) _____

Coaching Honors:

Any recognition/awards earned by you because of your work as a high school head varsity coach.
Example: COTY award, CHSCA All Star Coach, Sport Association, Local/School HOF, Sportsmanship

| Date of Award | School /Organization <small>(Full Name of High School)</small> | City/Town | Award Title |
|----------------------|--|------------------|--------------------|
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Service to the CHSCA, CIAC, or any other Coaching Related Association

| Date(s) of Service | Organization | Title President, Chair, Committee Member |
|---------------------------|---------------------|--|
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Community Recognitions:

| Date of Award | Organization | City/Town | Recognition/Award Title |
|----------------------|---------------------|------------------|--------------------------------|
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Additional Supportive Information:

Attach separate sheet if necessary

Validation of Information: By signing below, I verify that all provided information is honest and the nominee is of honorable character worthy of this recognition.

Signature of Nominee: _____ Date: _____

Print Name _____

Signature of Sponsor: _____ Date: _____

Print Name _____

Signature of Nominee's High School – Athletic Director: _____

Name: _____ Date: _____

If nominee is a retired coach or this is a posthumous recognition, please have current AD sign above.