

MINNESOTA WRESTLING COACHES' ASSOCIATION
State Assistant Coach of the Year Nomination

Name: _____ School: _____

Address: _____

Phone Number: _____

DEADLINE: FEB. 1
send to: **Bill Schmidt**
221 Oak Leaf Dr
Winona, MN 55987

Name of Person Making Nomination: _____

Address: _____

Phone Number: _____

Email Address: _____

Please provide (in 100 words or less) reasons why you feel this person should be considered for the Minnesota State Assistant Coach of the Year. You may use either essay or resumé form and it must be typewritten.