

Ohio Association of Track and Cross Country Coaches

**Hall of Fame Application**

(Must be submitted by a District Rep. Must be typed or printed)

**COACH**

Nominee:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_(Check here if nominee is deceased. If so, list name and address of nearest relative or contact person below.)

Date & year submitted \_\_\_\_\_ (must be submitted by June 30 or will be held till the next year)

This application may be accompanied by ONE other page of information.

1. Best finishes and year in the State tournament:

Track \_\_\_\_\_

Cross Country \_\_\_\_\_

2. Name, event, and accomplishment of some outstanding athletes nominee has coached:

A. \_\_\_\_\_ B. \_\_\_\_\_

C. \_\_\_\_\_ D. \_\_\_\_\_

3. Indicate coaching accomplishments in major invitationals:

A. \_\_\_\_\_ B. \_\_\_\_\_

C. \_\_\_\_\_ D. \_\_\_\_\_

4. Number Conference or league wins: Track \_\_\_\_\_ Cross Country \_\_\_\_\_

Number Invitational wins: Track \_\_\_\_\_ Cross Country \_\_\_\_\_

Number Invitational Runner-up: Track \_\_\_\_\_ Cross Country \_\_\_\_\_

5. Have you ever held a position in OAT & CCC? Yes \_\_\_ No \_\_\_ If so, what

\_\_\_\_\_ Local Position: Yes \_\_\_ No \_\_\_ If so, what

\_\_\_\_\_ Any other special services?

6. Number years coached Track & Field \_\_\_\_\_ where \_\_\_\_\_

7. Number years coached Cross Country \_\_\_\_\_ where \_\_\_\_\_

**OAT & CCC District Rep information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

District Rep Signature \_\_\_\_\_ District # \_\_\_\_\_

MAIL TO: (Must be Postmarked by June 30)  
NEAL CHARKE  
4192 BRAEWICK CIRCLE  
KETTERING, OHIO 45440-1405