



OBCCA Hall of Fame Nomination Form

Name of Nominee _____

Please Circle: Living Deceased Active Coach Retired Coach

Please Circle Type of HOF Nomination: Coach Distinguished Service

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email Address _____

High School Attended _____ College Attended _____

Total Years Coaching Baseball _____ Total Years as Head Coach _____ Year Coaching Career Started _____

Coaching Records

School _____ Year(s) _____ Record _____

School _____ Year(s) _____ Record _____

School _____ Year(s) _____ Record _____

School _____ Year(s) _____ Record _____

School _____ Year(s) _____ Record _____

School _____ Year(s) _____ Record _____

School _____ Year(s) _____ Record _____

OSSAA Championships

District Champ _____ Regional Champ _____ State Runner-Up _____ State Champ _____

Please List Coaching Awards, Achievements, Special Honors, Etc.



Please write a brief statement why this individual should be inducted into the OBCA Hall of Fame.

Person Nominating_____ Current Position_____

Address_____ City_____ State_____ Zip_____

Phone:_____ Email Address_____

Person making nomination must be able to provide picture of Hall of Fame Nominee if he or she is selected to the OBCA Hall of Fame.

Signature of Person Nominating

Date

Please send electronically completed form to:

oklahomabaseballcoaches@gmail.com

OR

Please send completed mailed form to:

Okarche Schools Attn: Rob Friesen

PO Box 276

Okarche, OK 73762