



RON GALBREATH COACH OF THE YEAR NOMINATION FORM

District: _____

Division: I II III IV V VI

Name: _____

PABCA Member: Yes or No

Email: _____

Number of Years a Member of PABCA: _____

School: _____

Years as a Head Coach: _____

SEASON STATISTICS

Season Record: _____ Tournament Record: _____ Overall Record to Date: _____

Final State Ranking: _____

AP Poll Ranking: _____

Team Accomplishments This Season: _____

CAREER STATISTICS

Career Record (PA Coaching Only)

Boys Head Coach Record: _____

Girls Head Coach Record: _____

Overall Head Coach Record: _____

League Titles: _____

Tournament Success (PA Only)

Sectional Championships: _____

District Championships: _____

Regional Championships: _____

State Championships: _____

Coach of the Year Awards previously won (State, City, League, etc.): _____

All Nominations must include a photograph of the nominee, otherwise Nomination is voided.

Please submit the nomination to:

**Paul Sapotichne
Riverview High School
100 Hulton Rd
Oakmont, PA 15139**

DUE MARCH 1st

Phone: 724-244-1981

Email: resapp450@residentialappr.com