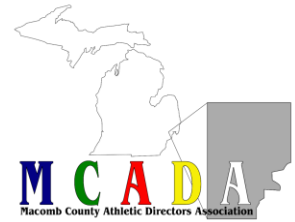


Macomb County Athletic Directors Association
 Nomination Application for
COACHES HALL OF FAME INDUCTION 2025
 (Completed Application must be submitted by June 1, 2024)



Full Name _____ Male _____ Female _____

Address _____ City/ State _____ Zip _____

Email _____ Phone # _____

OVERALL SERVICE

Total number of years of service in Macomb County:

	Total Years	Starting Year	Ending Year
Coaching			
Athletic Director			
Other:			

Coaching Experience

List School(s) where you have coached	Sport Coached	Grade Level or Team	Number of Years	Overall record
1				
2				
3				
4				
5				
6				

Name of League(s) affiliated with your coaching experience.

1	
2	
3	
4	

League and MHSAA District, Regional, and State Championships

Sport	Year (s)	Specific Championship

Were you ever awarded “Coach of the Year”? _____yes _____no

If YES, complete the following table.

Year	Sport	Specify County, League, State, etc.

List any additional coaching honors below (e.g. Hall of Fame, Coaches Association Honors)

Sport	Description

SPECIAL INTEREST INFORMATION

List any contribution(s) and or service to your profession (Please attach separate sheet if needed)

--

What made coaching enjoyable to you? (Please attach separate sheet if needed)

--

Describe a memorable moment(s) in your coaching career. (Please attach separate sheet if needed)

--

REFERENCES

TWO LETTERS OF REFERENCE SUPPORTING YOUR NOMINATION
MUST BE SUBMITTED WITH THIS APPLICATION.

Submitting Athletic Director

School Name _____ Athletic Director _____

Date submitted _____ Athletic Director phone _____

Signature of Athletic Director _____