

Minnesota Wrestling Coaches' Association  
**State Assistant Coach of the Year Nomination**

Name \_\_\_\_\_ School \_\_\_\_\_

Number of years as a wrestling coach \_\_\_\_\_

Name of Person Making Nomination \_\_\_\_\_

Please explain (in 250 words or less) why this person should be considered for the Minnesota State Assistant Wrestling Coach of the Year award.

Please send this form to:  
Kip Lynk  
72965 235th St.  
Dassel, MN 55325