

MICHIGAN INTERSCHOLASTIC GOLF COACHES ASSOCIATION
HALL OF FAME APPLICATION REVISED AUGUST 2023

Please make sure to print a copy of this application prior to submitting online

PERSONAL INFORMATION

Name of Nominee, current address, email and cell number

Spouse Name if Married:

Children and ages:

COACHING RECORD

School/s and dates where coached:

Coaching Positions Held:

- Years coaching Boys golf as: Head Coach ____; as Assistant Coach ____
- Years coaching Girls golf as: Head Coach ____; as Assistant Coach ____

- Total Number of Years as a Member of MIGCA: _____
- Are you still an active golf coach? Yes No If No, when did you retire? _____

TEAM ACCOMPLISHMENTS

Overall Dual Record: Varsity: Wins Losses Junior Varsity: Wins Losses

The win-loss records are as follows:

Boys: Varsity -

Junior Varsity -

Girls: Varsity -

Junior Varsity -

State Championships Titles: Years and Division if your team won the State Championship.

State Championship Appearances: Add the year of appearance by Boys or Girls (Mark T for Team and I for individual/s)

Boys Team :

Girls Team:

Regional/District Championships: Add the year and Division by Boys or Girls

Boys: District

Regionals

Girls:

League/Conference Championships: Add the year by Boys or Girls

Boys:

Girls:

Total Number of Tournaments Entered: Total # here _____

Number of 1st place finishes: Boys Girls

Number of 2nd place finishes: Boys Girls

Number of 3rd place finishes: Boys Girls

Number of 4th place finishes: Boys Girls

Invitationals Won: Name events next to Boys or Girls

Boys:

Girls:

Special Honors Received for Coaching Golf, (Coach of Year, State, Conference, Local, etc.):

Please List with years received.

Specific Contributions to MIGCA (offices held, all-state committee, tournaments held, etc.):

Please List with years or number of years participation. Example: All-State committee – 12 years

Specific Contributions to Golf Outside of High School Golf:

Please List

Other Coaching Experience you have had:

Please List

Special Honors Received for Coaching Other Sports than Golf, (Coach of Year, State, Conference, Local, etc.):

Please List with years received.

Community Service Activities & Comments:

Please List

Signature: _____

Current Position: _____

Name of person filling in information if not the coach being nominated and contact information: Name _____ Email _____

Phone _____

Your current position or relationship to nominee _____

Please print a copy and email one to (blober@tcjga.com) and mail one to:

Bob Lober, MIGCA Hall of Fame Chairman

10090 E. Pickwick Ct.

Traverse City, MI 49684

If you have questions contact Bob at (231)642-6514 or Email blober@tcjga.com