



**PENNSYLVANIA SCHOLASTIC FOOTBALL COACHES ASSOCIATION
HALL OF FAME NOMINATION FORM**

Membership Code# _____

Nominee _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Total Number of Years Coaching Football: _____

Number of Years as an Assistant Coach: _____

Number of Years as a Head Coach: _____

School: _____ Position: _____ Yrs. _____ Record _____

School: _____ Position: _____ Yrs. _____ Record _____

School: _____ Position: _____ Yrs. _____ Record _____

Other sports coached and record in each sport:

Sport: _____ School: _____ Position(s): _____ Yrs. _____ Rec. _____

Sport: _____ School: _____ Position(s): _____ Yrs. _____ Rec. _____

Sport: _____ School: _____ Position(s): _____ Yrs. _____ Rec. _____

Honors Won for coaching:

Significant Contributions (lectures, published books, etc.):

Your Name: _____ Phone#: _____

Please Return by February 28, 2022

PSFCA

4813 Jonestown Rd. Suite 202 Harrisburg PA. 17109

Fax: 412-405-9499 or email at

garrycathellpsfca@gmail.com