

**OKLAHOMA COACHES ASSOCIATION  
ALL STATE WRESTLING  
NOMINATION FORM**

OFFICE USE ONLY

Rec'd: \_\_\_\_\_

Other: \_\_\_\_\_

**DUE: MARCH 5, 2025** (All late forms will be subject to a fine.)

Only Senior Wrestlers are eligible.

Please circle the appropriate information in the four (4) categories below:

**EAST / WEST**

**LARGE CLASS: 6A 5A**

**REGION: 1 2 3 4 5 6 7 8**

**SMALL CLASS: 4A 3A**

ATHLETE'S

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ **\*REQUIRED. Athletes must have their email address on file.**

HIGH SCHOOL: \_\_\_\_\_

ADULT SHIRT SIZE: \_\_\_\_\_ UNIFORM SIZE: \_\_\_\_\_

RING SIZE: \_\_\_\_\_ All State athletes are awarded an All State ring **only if** they participate in the All State Games.

**WEIGHT: 113 120 126 132 138 144 150 157 165 175 190 215 285**

(Circle two (2) weights only)

**Please complete the athlete profile information as accurately as possible. The OCA must be able to reach the athlete at an address and phone number other than the school. This form must be completed for the athlete to be considered for All State honors.**

**Longevity in the program and character are much more important than athletic ability. Due to the selection process and guidelines, please note that the top athletes may not always be chosen.**

**In nominating this prospective All State athlete, I understand I assume the responsibilities as the coach in seeing that my nominee, if selected, will abide by the rules and regulations ascribed by the Oklahoma Coaches Association.**

COACH'S NAME: \_\_\_\_\_

COACH'S SIGNATURE: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

***Coach and athlete information MUST be filled out for the All State Nomination to be considered complete.***

**The head coach must be a member of the Oklahoma Coaches Association to nominate an athlete for All State.**

**The nomination form must be signed by the head coach. Assistant coaches cannot nominate for All State.**

# ALL STATE WRESTLING ATHLETE PROFILE (PAGE 2)

(Please Print)

Nominee's Name: \_\_\_\_\_ School: \_\_\_\_\_

## Varsity Team Record

## Dual State, Regional, State Team Placing

Freshman Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

Sophomore Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

Junior Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

Senior Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

## Individual Varsity Record

## Tournament, Regional, State Individual Placing

Freshman Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

Sophomore Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

Junior Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

Senior Year: W \_\_\_\_\_ L \_\_\_\_\_ \_\_\_\_\_

## ADDITIONAL INFORMATION

G.P.A on a 4.0 Scale: \_\_\_\_\_

Other sports participated in and any honors or awards received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any academic or student awards/honors received, any class offices held and any other club or organization memberships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**MAIL FORM TO:** Oklahoma Coaches Association, 8080 Crystal Park Ave., Oklahoma City, OK 73139.

**EMAIL:** You can email forms to [lea.mouss@oklahomacoaches.org](mailto:lea.mouss@oklahomacoaches.org). Please scan your form as a .PDF. Scanned nominations are preferred.

**A copy of the nomination form must be in the office on March 5, 2025. Make any additional copies as needed.**

**Selection committee members are not exempt from the due date.**

**Late nominations brought into the office on the day of the selection meeting will be subject to a fine.**