

**WE ENCOURAGE YOU TO USE ONLINE FORMS, HOWEVER IF YOU FAX THIS FORM,
YOU MUST CALL THE OFFICE TO CONFIRM RECEIPT!**
NOMINATIONS WILL NOT BE ACCEPTED AT THE MEETING, PLEASE SUBMIT FORMS IN ADVANCE!

VIRGINIA HIGH SCHOOL COACHES ASSOCIATION

2017 SOCCER ALL-STAR NOMINATIONS

COACH – Please read carefully and complete all information. You may use the back or another page to list any information you would like to submit. Please talk to your player to ensure they will participate if chosen. **DO NOT nominate any player that is unsure.** You must check with his college coach to ensure he will not be in summer school.

The player must have completed all requirements for graduation prior to reporting for the game. He/she must demonstrate and maintain good character that would reflect positively toward the All-Star Game. You may nominate 2 players. A player already selected to a VHSCA All-Star Team may not be nominated.

Region: ☐ 1A ☐ 2A ☐ 3A ☐ 4A ☐ East ☐ West
☐ 5A ☐ 6A ☐ North ☐ South

Choose one: ☐ Boys ☐ Girls

School: _____ **District:** _____ **Conference:** _____

School Address: _____

School City: _____ **Zip:** _____

Head Coach Making Recommendation: _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone: () _____ **Secondary Phone:** () _____ **E-Mail:** _____

Athlete's Name: _____

Athlete's Address: _____ **City:** _____ **Zip:** _____

Primary Phone: () _____ **Secondary Phone:** () _____ **E-Mail:** _____

Playing Position for Nomination Consideration - Primary: _____ **Secondary:** _____

Formation used by your team: _____ **Uniform Size:** _____ **Uniform #:** _____ **T-Shirt Size:** _____

Goals Scored: _____ **Saves:** _____ **Games Played:** _____

Assist Goals Allowed: _____ **Distribution:** _____ **Ability:** _____

Comments: 1. Offensive Ability, 2. Defensive Ability, 3. Honors Received, 4. Any specialties listed: _____

In recommending this prospective All-Star, I agree to accept the responsibility as the Head Coach of an athlete selected to the All-Star team. I agree to supervise a 10-day workout schedule prior to the athlete reporting for the All-Star game.

I also understand that the primary support for the All-Star games is from program advertisements and therefore each player is required to obtain a 1/2 page ad. I will ensure that the athlete secures funding for the ad and that the ad is paid for prior to arrival. Half page ads start at \$195 with discounts for multiple ads and full page ads. The programs are in color and each athlete will receive a souvenir copy.

By signing below, you agree to all terms of this nomination

Signature of Head Coach: _____ **Date:** _____

The games will be played **July 12, 2017**, at Christopher Newport University, Newport News, VA.

Selections will be made **May 7, 2017**, at the McCue Center, Charlottesville, VA, 11:00 am.

This form must be returned by **May 4, 2017**, to Mike Smith, VHSCA, 38 Wine Street, Hampton, VA 23669

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