

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 2019 FOOTBALL 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.**

He must demonstrate and maintain good character that would reflect positively toward the All-Star Game. You may nominate 2 players.

Class: 1 2 3 4 5 6

Region: A B C D

School: _____ **District:** _____

School Address: _____

School City: _____ **State:** _____ **Zip:** _____

Head Coach Making Recommendation: _____

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

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

Athlete's Name: _____ **Primary Phone:** (____) _____

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

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

Height: _____ **Weight:** _____ **Age:** _____ **Jersey Number:** _____ **Jersey Size:** _____ **T-Shirt Size:** _____

Primary Position for Nomination: Offense Defense **Secondary Position for Nomination:** Offense Defense

Playing Position: _____ **Playing Position:** _____

Offense Team Used: _____ **Defense Team Used:** _____

Specialties: Placekicker Punter Long Snapper **Speed (40 yds):** _____

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 ad starts at \$195 with discounts for multiple ads and full page ads. Each athlete will receive a souvenir copy.

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

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

(If e-mailing this form, you may type your name as a signature)

The game will be played December 15, 2019, at UVA at Wise, Wise, VA

Selections will be made November 3, 2019 at the McCue Center, Charlottesville, VA at 1:00 PM

This form must be returned by November 1, 2019 @ 12 noon to Mike Smith, VHSCA, 38 Wine Street, Hampton, VA 23669

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