

**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 SOFTBALL 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. 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.

Class: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 **Region:** ☐ A ☐ B ☐ C ☐ D

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:** _____

Height: _____ **Weight:** _____ **Age:** _____ **T-Shirt Size:** _____ **Uniform #:** _____

	Junior Year	Innings	Senior Year	Innings	Additional Information Needed:		Jr. Yr	Sr. Yr
Primary Position								
Secondary Position								
Offensive Stat						Pitchers Only:		
Batting Average						Wins		
At Bats						Losses		
Hits						Innings Pitched		
Doubles						Batting Average		
Triples						against		
Homeruns						Walks		
On Base %						Strikeouts		
RBI's						Runs against		
Stolen Bases						Catchers Only:		
Defensive Stats						Steal Attempts		
Fielding %						Runners Caught		
Errors						PB		
Put outs						Pick Offs		
Assists						Pop Time		
						(game situations)		

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, approximately 300 pages 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 game will be played **July 24, 2019**, Hampton, VA.

Selections will be made **June 30, 2019**, at the McCue Center, Charlottesville, VA, 11:00 am.

This form must be returned by **June 28, 2019**, to Mike Smith, VHSCA, 38 Wine Street, Hampton, VA 23669

Cell/Work: (757) 303-1172 • Office: (757) 723-3330 • Fax: (757) 325-9700 • E-Mail: vhsca.keanel@gmail.com

Website: www.vhscainc.com