

**ALL-AMERICA NOMINATION FORM
SECONDARY SCHOOL BOYS**

DIRECTIONS: THIS IS THE WAY THE PLAYERS NAME, SCHOOL AND TEAM WILL APPEAR ON THE CERTIFICATE. THIS FORM MUST BE NEAT AND ACCURATE.

PLAYER DATA

PLAYER'S FIRST NAME _____ MIDDLE _____ LAST _____

COMPLETE SCHOOL NAME _____

SCHOOL LOCATION: CITY _____ STATE _____

PLAYER'S POSITION (G/D/M/F) _____ YEAR OF GRADUATION _____

PREVIOUS APPEARANCES AS AN ALL AMERICA (1,2,3) _____

PLAYER'S HOME ADDRESS

STREET: _____

CITY: _____

STATE : _____ ZIP: _____

PHONE: () _____ EMAIL _____

COACHES DATA

COACHES FIRST NAME _____ LAST NAME _____

NSCAA MEMBERSHIP # _____ NSCAA REGION _____

COACHES SCHOOL ADDRESS _____ COACHES HOME ADDRESS _____

STREET: _____ STREET: _____

CITY: _____ CITY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

PHONE:() _____ PHONE:() _____

FAX: () _____ **E-MAIL** _____

ATHLETIC DIRECTOR'S NAME _____ PHONE () _____

PLEASE BE SURE TO FILL THIS FORM OUT COMPLETELY AND THAT ALL INFORMATION IS LEGIBLE. UNLESS OTHERWISE INDICATED, CERTIFICATES WILL BE MAILED TO THE SCHOOL IF THE PLAYER DOES NOT ATTEND THE NSCAA ANNUAL CONVENTION.