

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

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

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**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) \_\_\_\_\_

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**PLAYER'S HOME ADDRESS**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE : \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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**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** \_\_\_\_\_

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ATHLETIC DIRECTOR'S NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

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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.