

Please return nomination form to Nebraska Coaches Association, 500 Charleston St Ste 2, Lincoln, NE 68508 by Monday, February 20.

Booster Name: _____
(AS IT SHOULD APPEAR IN THE PROGRAM) (send tickets if not selected – YES or NO – circle one)

Booster's Address: _____ City/State: _____ Zip: _____

Player School: _____ Class: A B C D Player Uniform Number _____

Player Name: _____ Height: _____ Position: 1 2 3 4 5

Player Address: _____ City/State: _____ Zip: _____

Phone: (_____) _____ Email: _____

The advisory committee has requested statistics on the player you nominate. Please fill in the information where applicable.

Career 2 pt% _____ 3 pt. % _____ FT% _____ Pts/Gm _____ Reb/Gm _____ Assists/Gm _____ Steals/Gm _____ Blocks/Gm _____

Sr Year 2 pt% _____ 3 pt. % _____ FT% _____ Pts/Gm _____ Reb/Gm _____ Assists/Gm _____ Steals/Gm _____ Blocks/Gm _____

Your validation: I hereby certify that the above player is a senior and will graduate from high school by June, 2017. I recommend this player as being of exemplary character on and off the court. **If this player is selected, I understand I will be asked to raise \$250.00 from individuals, school groups, and/or local firms in support of this player participating in the All-Star game.**

(HEAD coach signature required)

(please print name)

Nominate a coach for the All-Star game _____
Name School

BBB