

Please return this form to the Nebraska Coaches Association, P.O. Box 80727 Lincoln, NE 68501 by Friday, October 24.

Booster's Name: _____
(AS THEY WOULD LIKE IT TO APPEAR IN THE PROGRAM)

Booster's Address: _____ City _____ Zip _____

Player School: _____ Uniform # _____ CLASS: A B C

Player Name: _____ Position _____

Player Address: _____ City/ZIP _____

Player Phone: (_____) _____ Player Email: _____

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

Player Stats:

Career Games ____ Batting Ave. ____ Runs ____ RBI ____ Fielding Ave ____ Stolen Bases ____

Sr. Year Games ____ Batting Ave. ____ Runs ____ RBI ____ Fielding Ave ____ Stolen Bases ____

Pitcher Stats:

Career W/L record ____ ERA ____ Innings ____ Strikeouts ____

Sr. Year W/L record ____ ERA ____ Innings ____ Strikeouts ____

Your validation & responsibility as a coach: I hereby certify that the above player is a senior and will graduate from high school by June, 2015. I recommend this player as being of exemplary character on and off the field. **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

SB