

Please return nomination form to Nebraska Coaches Association, P.O. Box 80727, Lincoln, NE 68501 by FRIDAY, October 31st

Booster Name: _____
(AS IT SHOULD APPEAR IN THE ALL-STAR PROGRAM)

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

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

Player Name: _____ Height: _____ Position: MH OH RS S LIB

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

Player Phone: (_____) _____ Player Email: _____

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

Career Kills _____ Hitting eff. % _____ Solo blocks _____ Serv. Aces _____ Serving % _____ Digs _____ Assists _____

Sr. Year Kills _____ Hitting eff. % _____ Solo blocks _____ Serv. Aces _____ Serving % _____ Digs _____ Assists _____

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 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

VB