Please retur	n nomination	form to Nebraska (Coaches Asso	ciation (1	fax 402-434-5689 or er	mail <u>saundi@ncaco</u>	ach.org) by Thursday	, October 24.
Player NAME:					Uniform #	Position(s): _		
Player SCHOOL:					CLASS: A	ВС		
Player Home Address:					City/ZIP:			
Player Email Address:					Player Phone #:			
The advisory of	committee has r	equested statistics o	n the player yo	u nomina	ate. Please fill in the info	rmation where applic	cable.	
Player Stats: Career	Games	Batting Ave	Runs	RBI	Fielding Ave	Stolen Bases	Home Runs	
Sr. Year	Games	Batting Ave	Runs	RBI	Fielding Ave	Stolen Bases	Home Runs	
Pitcher Stats: Career		ERA	Innings _		Strikeouts			
Sr. Year	W/L record _	ERA	Innings _		Strikeouts			
this player as	•	olary character on an			ve player is a senior and l <mark>layer is selected, I unde</mark>		•	
HEAD coach signature (required)				(please print name)				
Optional: Nominate a	coach for the	All-Star game						
	Name				School		SB	