

Please return nomination form to Nebraska Coaches Association, P.O. Box 80727, Lincoln, NE 68501 by Monday, February 6.

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

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 FG% _____ 3 pt. % _____ FT% _____ Pts/Gm _____ Reb/Gm _____ Assists/Gm _____ Steals/Gm _____

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

Your validation: I hereby certify that the above player is a senior and will graduate from high school by June, 2012. I recommend this player as being of exemplary character on and off the court. If this player is selected, I agree to make every effort to try to sell at least ten books of tickets (\$25.00 per book) to local firms or individuals who would be willing to be All-Star Boosters.

(HEAD coach signature required)

(please print name)

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