

Please return this form to the Nebraska Coaches Association, P.O. Box 80727 Lincoln, NE 68501 by Monday, October 10.

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 _____ Height _____

Player Address: _____ City/ZIP _____

Phone (_____) _____ 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: 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 field. If this player is selected, I agree to make every effort to sell at least seven 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

SB