

Please return nomination form to Nebraska Coaches Association, 500 Charleston St Ste 2, Lincoln NE 68508 by FRIDAY, October 26

Booster Name (if applicable): _____
(AS IT SHOULD APPEAR IN THE PROGRAM) **(send tickets if not selected – YES or NO – circle one)**

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/DS

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. % _____ Blocks _____ Serv. Aces _____ Serving % _____ Digs _____ Assists _____

Sr. Year Kills _____ Hitting eff. % _____ 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, 2019. 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