

ALL STAR PLAYER NOMINATION FORM

Age Group (*Please Circle*) 7-8 9-10 11-12

Community _____ Team Name _____

Coach _____

List up to 5 nominees of your regular season team that may be above average and can contribute to the success of the team.

List your nominees rated for 1st to 5th best player on your team.

Rated	Nominee	Jersey#	Positions	Stats
1 st				
2 nd				
3 rd				
4 th				
5 th				

Any comments you would like to add: _____

Nominate **8** players from your age division of **4** lineman and **4** skilled players from other teams that stand out to you as a coach.

*List players in order of best rated in each category-
If not sure about name you can list Jersey #*

Rated	Team Name	Jersey#	Lineman	Rated	Team Name	Jersey#	Skilled
1 st				1 st			
2 nd				2 nd			
3 rd				3 rd			
4 th				4 th			

**Please fax or turn in this form to WCRD office by
Wednesday, Oct 21st. FAX# 706-279-1515**