

AISA ALL-STAR FOOTBALL

Nomination Form

School: _____ Class: _____ Region: _____

_____ East (Region I) _____ West (Region II)

1. Name _____ Jersey #: _____

Height: _____ Weight: _____ Offensive: _____ Defensive: _____

Special Honors and/or Accomplishments: _____

T-shirt Size: _____

2. Name _____ Jersey #: _____

Height: _____ Weight: _____ Offensive: _____ Defensive: _____

Special Honors and/or Accomplishments: _____

T-shirt Size: _____

Coaches, nominate only senior boys who are All-Star quality players. If you have more than two players that you wish to nominate, you may do so, but the two listed on this form should be your first and second choice.

Teams:

1. The East Team will be composed of players from each class in Region I.
1. The West Team will be composed of players from each class in Region II.

The Above Named Players Meet All Eligibility Requirements.

Headmaster: _____ Date: _____

Athletic Director: _____ Date: _____

MUST BE IN THE AISA OFFICE BY OCTOBER 10, 2017.