

**AISA ALL-STAR VOLLEYBALL
NOMINATION FORM**

SCHOOL: _____ **CLASS:** _____ **AREA:** _____

COACH: _____

1.Name: _____ **Jersey #:** _____

Height: _____ **Position:** _____

Shirt Size: Small _____ Medium _____ Large _____ XL _____ XXL _____

(Mark with an "x" the shirt size.)

Special Honors and/or Accomplishments:

2.Name: _____ **Jersey#:** _____

Height: _____ **Position:** _____

Shirt Size: Small _____ Medium _____ Large _____ XL _____ XXL _____

(Mark with an "x" the shirt size.)

Special Honors and/or Accomplishments:

Coaches, nominate only seniors who are All-Star quality players. If you have more than two (2) players that you wish to nominate, you may do so, but the two listed on this form should be your first and second choice.

The above named player(s) meet all AISA eligibility criteria.

Headmaster _____ **Date** _____

Athletic Director _____ **Date** _____

THIS FORM MUST BE IN THE AISA OFFICE NO LATER THAN OCTOBER 5, 2017
Please email to rbeck@aisaonline.org as an ATTACHMENT.