

Southwestern Ohio Football Coaches Association East / West All – Star Game

Player Nomination Form

NAME _____ SCHOOL _____

ADDRESS _____

CELL PHONE _____ EMAIL _____

POSITION (S) _____

HEIGHT _____ WEIGHT _____ 40 _____

COACHES RATING (1-5) – 1 BEING YOUR FIRST CHOICE _____

COACH'S COMMENTS (AWARDS/STATS): _____

I, _____ hereby commit myself to play in the Southwestern Ohio Football Coaches Association All-Star Football Game if selected and will attend all related practices and meetings. I have been informed and will comply with the rules and regulations of the game as set forth by the Southwestern Ohio Football Coaches Association and the NCAA.

NOMINEE'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

COACH'S SIGNATURE _____ DATE _____

PLEASE RETURN FROM TO:

Ross Baker at Baker.a.ross@gmail.com
Any questions, call Ross Baker at 513-518-8270