

Southwestern Ohio Football Coaches Association
East / West All-Star Game
Player Nomination Form

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

NAME _____ SCHOOL _____

ADDRESS _____ CELL PHONE _____

CITY _____ OHIO ZIP _____

POSITION (S) _____

SPECIALITIES _____

HEIGHT _____ FT. _____ IN. WEIGHT _____ SPEED _____

JERSEY SIZE: L _____ XL _____ XXL _____ XXXL _____

JERSEY NO. (1ST CHOICE) _____ (2ND CHOICE) _____ (3RD CHOICE) _____

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 _____

COACH'S COMMENTS: _____

RETURN BY FEBRUARY 19 TO:

Ron Woyan at grwoyan@aol.com OR fax to Ron Woyan at (513) 474-7074

PLEASE FILL IN ALL INFORMATION AND DUPLICATE FORM