



**2015-2016 BOYS SOCCER
ALL- STAR NOMINATION FORM**

THIS FORM MUST BE RECEIVED BY JANUARY 12, 2016 TO BE CONSIDERED

****EMAIL TO DIRECTOR OF THE LHSCA, TERENCE WILLIAMS AT allstars@lhsaa.org ****

PART I – TO BE COMPLETED BY THE COACH

I am submitting the following name(s) to the LHSCA **BOYS' SOCCER** Selection Committee to be considered for participation in the 2015 - 2016 LHSCA **BOYS' SOCCER** All- Star game that will be played on **SATURDAY, FEBRUARY 27, 2015 at the Tad Gormley Stadium in New Orleans, Louisiana.**

Athletes Name _____		School _____	
Home Address _____		Division _____	
City _____		Zip _____	
Home Telephone _____			
East ____ or West ____ (Check One -This information can be found in the LHSCA Coaches Directory)			
Athletes Age _____	Height _____	Weight _____	Position _____
Honors won (Career) _____			
Remarks about athlete _____			
To your knowledge will this student graduate in May? _____			
Coach's Signature _____		School _____	
Coach's Home Phone _____		Cell Phone _____	
Coach's Email Address _____			
Note: If the athletic is selected, the packet will be sent to this email address			

PART II – TO BE COMPLETED BY ATHLETE

- I am aware that I am being nominated for a position on the **2015 LHSCA BOYS' SOCCER ALL- STAR** team.
- I am also aware that I must report for the game on Saturday, February 27, 2015.
- I understand that if I cannot participate in these games after being selected as a participant or alternate, I will notify Director of the LHSCA, Terence Williams at 225-300-4216 as soon as possible.
- By signing this form, I agree to be considered for a position on the team and will participate if selected.

Signature of Student-Athlete _____ Date _____