

**WE ENCOURAGE YOU TO USE ONLINE FORMS, HOWEVER IF YOU FAX THIS FORM,  
YOU MUST CALL THE OFFICE TO CONFIRM RECEIPT!  
NOMINATIONS WILL NOT BE ACCEPTED AT THE MEETING, PLEASE SUBMIT FORMS IN ADVANCE!**

## VIRGINIA HIGH SCHOOL COACHES ASSOCIATION 2019 BASEBALL ALL-STAR NOMINATIONS

**COACH** – Please read carefully and complete all information. You may use the back or another page to list any information you would like to submit. Please talk to your player to ensure they will participate if chosen. **DO NOT nominate any player that is unsure.** You must check with his college coach to ensure he will not be in summer school.

The player must have completed all requirements for graduation prior to reporting for the game. He must demonstrate and maintain good character that would reflect positively toward the All-Star Game. You may nominate 2 players. A player already selected to a VHSCA All-Star Team may not be nominated.

**Region:**  A  B  C  D **Class:**  1  2  3  4  5  6

**School:** \_\_\_\_\_ **District:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Head Coach Making Recommendation:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** ( ) \_\_\_\_\_ **Secondary Phone:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Athlete's Name:** \_\_\_\_\_

**Athlete's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** ( ) \_\_\_\_\_ **Secondary Phone:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_ **Uniform #:** \_\_\_\_\_

	Junior Year	Innings	Senior Year	Innings	Additional Information Needed:
<b>Primary Position</b>	_____	_____	_____	_____	<b>Pitchers Only:</b>
<b>Secondary Position</b>	_____	_____	_____	_____	<b>Jr. Yr</b> <b>Sr. Yr</b>
Batting Average	_____	_____	_____	_____	Innings Pitched _____
Time AB	_____	_____	_____	_____	Batters Faced _____
Strikeouts	_____	_____	_____	_____	Wins _____
Walks	_____	_____	_____	_____	Losses _____
Homeruns	_____	_____	_____	_____	Strikeouts _____
TRP	_____	_____	_____	_____	Walks _____
DB	_____	_____	_____	_____	Runs Allowed _____
RBI's	_____	_____	_____	_____	ERA _____
Stolen Bases	_____	_____	_____	_____	<b>Capable of Throwing:</b>
Runs Scored	_____	_____	_____	_____	Speed _____
Fielding %	_____	_____	_____	_____	Change _____
Put Outs	_____	_____	_____	_____	Breaking _____
Assists	_____	_____	_____	_____	<b>Catchers Only:</b>
Chances	_____	_____	_____	_____	Innings Caught _____
Errors @ Primary	_____	_____	_____	_____	Passed Balls _____
Errors @ Secondary	_____	_____	_____	_____	Runners Thrown _____
					Out

In recommending this prospective All-Star, I agree to accept the responsibility as the Head Coach of an athlete selected to the All-Star team. I agree to supervise a 10-day workout schedule prior to the athlete reporting for the All-Star game.

I also understand that the primary support for the All-Star games is from program advertisements and therefore each player is required to obtain a 1/2 page ad. I will ensure that the athlete secures funding for the ad and that the ad is paid for prior to arrival. Half page ads start at \$195 with discounts for multiple ads and full page ads. The programs are in color. Each athlete will receive a souvenir copy.

By signing below, you agree to all terms of this nomination

**Signature of Head Coach:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The game will be played **June 24, 2019**, Veteran's Memorial Stadium, Harrisonburg, VA.

Selections will be made **May 12, 2019**, at the VHSL Building, 1642 State Farm Rd., Charlottesville, VA, 10:00 am.

This form must be returned by **12:00 noon** on **May 10, 2019**, to Mike Smith, VHSCA, 38 Wine Street, Hampton, VA 23669

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