

**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**

## **2020 BASKETBALL ALL-STAR NOMINATIONS**

**COACH:** Please read carefully and complete all information. Please talk with your player before completing this form to ensure that she is willing and able to participate if chosen. **DO NOT nominate any player that is unsure. You must also check with her college coach to ensure that she will not be in summer school.** The player must have completed all requirements for graduation prior to reporting for the game. She must demonstrate and maintain good character that would reflect positively toward the All-Star Game. You may nominate **2** players.

**Class:** \_\_\_\_\_ **Choose One:**  Girls  Boys  
**School:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Region:** \_\_\_\_\_  
**School Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

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

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

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

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

**E-Mail:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Jersey Number:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Position for Nomination Consideration:** \_\_\_\_\_ **Shooting hand:** \_\_\_\_\_

**Points Scored Senior Year:** \_\_\_\_\_ **Average:** \_\_\_\_\_ **Games:** \_\_\_\_\_ **Average Rebounds Senior Year:** \_\_\_\_\_ **Rate Skills:** \_\_\_\_\_

<b>Shooting</b>	Excellent	Good	Average	Fair	Poor
<b>Rebounding</b>	Excellent	Good	Average	Fair	Poor
<b>Defense</b>	Excellent	Good	Average	Fair	Poor
<b>Ball Handling</b>	Excellent	Good	Average	Fair	Poor
<b>Dribbling</b>	Excellent	Good	Average	Fair	Poor
<b>Passing</b>	Excellent	Good	Average	Fair	Poor
<b>Jumping Ability</b>	Excellent	Good	Average	Fair	Poor

**Offense Used:** \_\_\_\_\_ **Defense Used:** \_\_\_\_\_

**Comments (Use back of form if necessary): 1. Offensive ability, 2. Defensive ability, 3. Honors received:**

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 ad starts at \$195 with discounts for multiple ads and full page ads. The programs are in color and each athlete will receive a souvenir copy.

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

The games will be played March 21, 2020, at The University of Virginia's College at Wise, Wise, Virginia

**Selections will be made February 23, 2020, at the McCue Center, Charlottesville, VA at 11:00 am.**

This form must be returned no later than **February 21, at 3:00 pm**, to Mike Smith, VHSCA, 38 Wine Street, Hampton, VA 23669

Cell/Work: (757) 303-1172 • Office: (757) 723-3330 • Fax: (757) 325-9700 • E-Mail: [vhscakeanel@gmail.com](mailto:vhscakeanel@gmail.com)

Website: [www.vhscainc.com](http://www.vhscainc.com)