



Shriners Hospitals
for Children



Nomination Form 2016 Shriners Classic

Return to: Shriners Football Classic

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Total Nominated ___

North Squad/South Squad
(Circle One)

Please include in comments all factors that will aid us in the selection process.

<u>Player Name</u>	<u>School</u>	<u>Hght.</u>	<u>Wgt.</u>	<u>Position (Circle Best)</u>
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No 1

Comments:

No 2

Comments:

No 3

Comments:

Please list the five best players you have observed this season excluding your own players

<u>Player Name</u>	<u>School</u>	<u>Position</u>
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1.

2.

3.

4.

5.

MOST IMPORTANT

Coach Name: _____

Coaches Address: _____

Coach Contact Number: _____

School: _____

Must be received before December 18th