

**ALL STAR PLAYERS NOMINATION FORM**  
**NOTE: GRADUATING SENIORS ONLY!**

**HIGH SCHOOL NAME:** \_\_\_\_\_

**(Please select players by order of recommendation)**

**PLAYER 1** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Position(s): \_\_\_\_\_ Specialties: \_\_\_\_\_

**Please check all that apply:**  All League  All CCS  MVP (\_\_\_\_\_)

**Other Sports/Scholastic Awards:** \_\_\_\_\_

**PLAYER 2** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Position(s): \_\_\_\_\_ Specialties: \_\_\_\_\_

**Please check all that apply:**  All League  All CCS  MVP (\_\_\_\_\_)

**Other Sports/Scholastic Awards:** \_\_\_\_\_

**PLAYER 3** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Position(s): \_\_\_\_\_ Specialties: \_\_\_\_\_

**Please check all that apply:**  All League  All CCS  MVP (\_\_\_\_\_)

**Other Sports/Scholastic Awards:** \_\_\_\_\_

**PLAYER 4** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Position(s): \_\_\_\_\_ Specialties: \_\_\_\_\_

Please check all that apply:  All League  All CCS  MVP (\_\_\_\_\_)

Other Sports/Scholastic Awards: \_\_\_\_\_

**Nominating Coach Name:** \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you interested in Coaching in the All Star Football Game?  YES  NO

Also, please provide us with the name of your school's Cheer Advisor. Please ask the Cheer Advisor if a member of the Rotary Club of Almaden Valley may contact him/her. Cheerleaders from various Santa Clara County High Schools participated in last year's game.

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

**Cheer Advisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Booster Club Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Thank you for your cooperation and time.**

**Please return this completed form by:**

**E-Mail:** [jazatol@aol.com](mailto:jazatol@aol.com) (Jane Tolentino, ASF Game Secretary)

**-OR-**

**U.S. Mail:** Silicon Valley Youth Classic (or use enclosed return envelope)  
P. O. Box 20933  
San Jose CA 95160

**-OR-**

**FAX TO:** (408) 268-2960