

TEXAS HIGH SCHOOL COACHES ASSOCIATION

2012 FOOTBALL ALL-STAR NOMINATION FORM

ALL NOMINEES MUST HAVE PASSED THE TAKS/STAAR TEST BY FEBRUARY 1, 2012
PLEASE PRINT LEGIBLY AND COMPLETE ENTIRE FORM

THSCA REGION# _____	DISTRICT # _____	THSCA USE ONLY
CLASSIFICATION: (Circle One)	5A 4A 3A 2A 1A	

ATHLETE'S NAME _____ SCHOOL _____

ATHLETE'S ADDRESS _____ CITY _____ ZIP _____
(Not school address)

HOME PHONE _____ CELL PHONE _____ EMAIL _____

Type Offense Used _____ Position _____ Defense Used _____ Position _____

Specialties _____ Jersey # _____

SIZES: THIS INFORMATION IS VERY IMPORTANT! HELMET SIZE _____ SHOE SIZE _____

HT _____ WT _____ SHORT SIZE _____ T-SHIRT SIZE _____ PANT SIZE _____ JERSEY SIZE _____

COMPRESSION: SHORTS _____ SHIRT _____ CHEST _____ WAIST _____

OFFENSE

1. Season yds rushing _____ /Career _____
2. Season yds passing _____ /Career _____
3. Season comp/att _____ /Career _____
4. Season yds receiving _____ /Career _____

DEFENSE

1. Most tackles in game _____ Yr _____
2. Most tackles season _____ Yr _____
3. Career Tackles _____ Career Sacks _____
4. Game High Sacks _____ Yr _____
5. Game Ints _____ Career Int _____

COLLEGE HE PLANS TO ATTEND: _____
 Will College Allow Him to Play? _____ (Please make sure. Some colleges will not let them play.)

HEAD COACH: _____ CONTACT # _____ MEMBER # _____

NOMINATING COACH: _____ SCHOOL _____

SCHOOL ADDRESS: _____ CITY _____ ZIP _____

COACH'S SCHOOL PHONE _____ CELL PHONE _____

COACH'S HOME PHONE _____ EMAIL _____

In nominating this prospective all-star, I understand I assume the responsibilities, as his coach, in seeing that my nominee, if selected, will abide by the rules and regulations ascribed to by the THSCA (i.e., reporting on time, grooming code, etc.). My athlete has agreed to play in the THSCA All-Star game if selected.

COACH'S SIGNATURE _____ THSCA MEMBERSHIP # _____

NOTE: THSCA POLICY STATES THAT ONLY ONE PLAYER PER SCHOOL MAY PARTICIPATE IN THE ALL-STAR GAME, BUT COACHES ARE ENCOURAGED TO NOMINATE MULTIPLE PLAYERS, IN CASE OF DROPOUTS, INJURIES, ETC.

Return this nomination form to senior director at your Regional Meeting
USE THIS FORM TO MAKE ADDITIONAL COPIES