



**2012 SOFTBALL
ALL- STAR NOMINATION FORM**

THIS FORM MUST BE RECEIVED IN THE LHSAA OFFICE BY MARCH 12, 2012 TO BE CONSIDERED

FAX: 225-296-5919 ADDRESS: 12720 Old Hammond Hwy. Baton Rouge, La. 70816

PART I – TO BE COMPLETED BY THE COACH

I am submitting the following name(s) to the LHSCA Softball All – Star Selection Committee to be considered for the participation in the 2012 All – Star game to be played on **Friday, May 18 and Saturday, May 19, 2012 at Louisiana College in Pineville, Louisiana**

STUDENT-ATHLETE INFORMATION	
Name _____	School _____
Home Address _____	Class of School _____
City _____ State _____ Zip _____	Home Telephone _____
EAST or WEST (Circle One) THIS CAN BE FOUND IN THE COACH'S DIRECTORY	
EMAIL ADDRESS TO CONTACT THE PLAYER: _____	
Athlete's Age _____	Height _____ Weight _____ Position _____
Hitting % _____ ERA _____	On Base % _____ Stolen Bases _____ RBIs _____
Years Lettered in Softball _____	
TO YOUR KNOWLEDGE, WILL THIS STUDENT GRADUATE IN MAY? _____	
HONORS _____	
REMARKS _____	
COACH'S SIGNATURE _____	SCHOOL _____
COACH'S CELL PHONE _____	MEMBER OF THE LHSCA? _____

PART II – TO BE COMPLETED BY THE STUDENT-ATHLETE

I am aware that I am being nominated for a position of the LHSCA Softball All- Star team.
I am aware that, if selected, I must report for the game on Friday, May 18, 2012 in Pineville, Louisiana.
I understand that if I cannot participate in these games after being selected as a participant or alternate, I will notify LHSAA Assistant Executive Director, Rhonda Dreibelbis at 225 -296-5882 as soon as possible.

By signing this form, I agree to be considered for a position on the team and will participate if selected.

Student-Athlete Signature _____ Date _____

