YEAR:_____ ALL-STATE NOMINATION FORM POSITION:_____

Wallet size photo must be attached here for application to be considered complete.

Player's name should be written on back of picture.

Full Name:_____
Home Address:_____
City:_____ State:_____ Zip:_____
Phone:_____ Cell:_____
Parent Email:_____
School:_____
School Address:_____
City:_____ State:_____ Zip:_____
School Phone_____ T-Shirt Size_____
Throws: R/L Bats: R/L
Primary Fielding Position: _____
Other Positions Played:_____

Coaches Name:_____
Home Address:_____
City:_____ Zip:_____
Home Phone:_____
Cell Phone:_____
Email:_____

STATISTICAL INFORMATION – VARSITY GAMES ONLY

HITTING

YEAR	AB	R	H	RBI	2B	3B	HR	BB	SO	SB	OBA	AVE
SR												
JR												
SOPH												
FRESH												
CAREER												

FIELDING

YEAR	CHANCES	PUT OUTS	ASSISTS	ERRORS	FIELDING %
SR					
JR					
SOPH					
FRESH					
CAREER					

PITCHING

YEAR	W	L	IP	ERA	BB	SO	SVS	SHO	0-HIT
SR									
JR									
SOPH									
FRESH									
CAREER									

CATCHERS:

YEAR	PASSED BALLS	CAUGHT STEALING	STOLEN BASES AGAINST	ERRORS
SR				
CAREER				

Please list individual and team honors on BACK.

Coaches must be a member of the OHSFSCA as of Oct 1st . Player's personal information, stats, photo, and meeting all deadlines is required to complete nomination.