

**Ranking if 2 or more  
Seniors** \_\_\_\_\_

**West Tennessee High School All-Star Classic  
Player Nomination Form**

Please print. Please fax or email completed form to the West Tennessee Healthcare Sportsplex at 731-422-7071 (sportsplex@cityofjackson.net) as soon as possible but no later than Thursday morning, May 16<sup>th</sup>. Please make copies as needed, but please note that **only graduating seniors** are eligible to participate in the West Tenn. All-Star Classic and that the team will be primarily selected from the list of those that earned All-District regular season or tournament honors.

Player Information	
First Name _____	Last Name _____
Address _____	
City, State _____	
Home Phone/Cell Phone ( _____ ) _____	Zip _____
Email Address _____	
Shirt size S ___ M ___ L ___ XL ___ 2XL ___	
High School Attended _____	
Primary Position _____	Secondary Position _____
Please note softball honors received for 2019 season _____	
_____	
Please give any additional information you wish to give to support the nomination:	
_____	

Head Coach Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Signature \_\_\_\_\_

***Please fax or email the completed signed form to WTH Sportsplex at 731-422-7071  
(sportsplex@cityofjackson.net) by Thursday, May 16, 2019.***