



www.kansasvolleyballassociation.org

2009 ALL-STATE NOMINATION FORM

Coach's Name _____ High School _____ Classification _____

Rank the top players on YOUR team.

NAME	HEIGHT	YEAR	POSITION

Rank the top players from **OPPOSING TEAMS** in **CLASS 1A** that you **PLAYED** or have **SEEN PLAY**.

NAME	SCHOOL	HEIGHT	YEAR	POSITION

Rank the top players from **OPPOSING TEAMS** in **CLASS 2A** that you **PLAYED** or have **SEEN PLAY**.

NAME	SCHOOL	HEIGHT	YEAR	POSITION

Rank the top players from **OPPOSING TEAMS** in **CLASS 3A** that you **PLAYED** or have **SEEN PLAY**.

NAME	SCHOOL	HEIGHT	YEAR	POSITION

Rank the top players from **OPPOSING TEAMS** in **CLASS 4A** that you **PLAYED** or have **SEEN PLAY**.

NAME	SCHOOL	HEIGHT	YEAR	POSITION

Rank the top players from **OPPOSING TEAMS** in **CLASS 5A** that you **PLAYED** or have **SEEN PLAY**.

NAME	SCHOOL	HEIGHT	YEAR	POSITION

Rank the top players from **OPPOSING TEAMS** in **CLASS 6A** that you **PLAYED** or have **SEEN PLAY**.

NAME	SCHOOL	HEIGHT	YEAR	POSITION

COACH OF THE YEAR Nominations

1A:
2A:
3A:

4A:
5A:
6A:

Please attach a copy of your all-league selections and return this form by **November 13, 2009** to:
Cathy Foote, 2406 Marion Ave, Manhattan, KS 66502