Shriners Hospitals for Children

MHSFCA

Nomination Form
2015 Shriners Classic

Return to: Shriners Football Classic

c/o Peter Simmons
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Total Nominated __

North Squad/South Squad
(Circle One)

Please include in comments all factors that will aid us in the selection process.

	Player Name	School	Hght.	Wgt.	Position (Circle Best)
No 1					
	Comments:				
No 2					
	Comments:				
No 3					
	Comments:				

Please list the five best players you have observed this season excluding your own players

	Player Name	School	Position
1.			
2.			
3.			
4.			
5.			

MOST IMPORTANT

Your Name:_____ **Your email:** _____

Your Phone No: _____ **School:** _____

Must be received before December 16th