

ALL CIF-SS 2024 NOMINATION FORM

ATTENTION: BOYS' VOLLEYBALL COACH

REFERENCE: ALL-CIF 2024 SOUTHERN SECTION SELECTIONS

This flyer is to select the "All-CIF Southern Section Boys' 2024 Volleyball Team"

A nomination form for the selection of the "All-CIF Southern Section Boys' Volleyball Team" is attached. The selection will be conducted by the coaches of the Advisory Committee. All coaches are asked to send or pass along their nominations and any additional pertinent information to one of the committee members listed below.

Please **RETURN** the questionnaire **NO LATER THAN MAY 6, 2024.**

Division	Member/E-mail	High School	League
1&2	Matt Marrujo mmarrujo@servitehs.org	Servite	Trinity
3	Seth Burnham sburnham@conejousd.org	Thousand Oaks	Marmonte
4	Frankie Perales frankiep22c@aol.com	Garden Grove	Golden West
5	Dillan Bennett dbennett@bishopdiego.org	Bishop Diego	Tri-County
6	Greg Ng Ng_Greg@montebello.k12.ca.us	Montebello	Almont
7	Carlos Martinez cmartinez1@lbcschools.net	Avalon	Express

THANK YOU FOR YOUR TIME IN ADVANCE

If you have any questions or concerns, please do not hesitate to call the
CIF Southern Section Office: 562-493-9500.



ALL-CIF SOUTHERN SECTION BOYS' VOLLEYBALL 2024 NOMINATION FORM

Head Coach: We would appreciate your prompt cooperation in returning your nomination form to us, noting your: Team Selections, outstanding performers from your team, League Selections, outstanding performers from your League, and outstanding performers outside your division. As well as your Division Player and Coach of the Year. Forward your All League First Team List if available. If this form is not turned in, your players may not be recognized.

Please return this Nomination Form to us NO LATER THAN MAY 6, 2024

Your input is very valuable. All coaches are asked to fill out all or part of this form and return by the deadline

Your High School: _____ Division: _____ League: _____
Head Coach: _____ Team Record: _____
Head Coach Cell #: _____ League Finish: _____

RECOMMENDED PLAYERS FROM YOUR TEAM. IN ORDER OF ABILITY

PLAYERS' NAME	NUMBER	GRADE	POSITION	AWARDS
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

RECOMMENDED PLAYERS FROM YOUR DIVISION ONLY. IN ORDER OF ABILITY

PLAYERS' NAME	NUMBER	GRADE	POSITION	SCHOOL
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

YOUR LEAGUE PLAYER OF THE YEAR _____
School _____

If selected by due date, please send First Team All League Information with this form.

RECOMMENDED PLAYERS FROM OUTSIDE YOUR DIVISION. IN ORDER OF ABILITY

PLAYERS' NAME	NUMBER	GRADE	POSITION	SCHOOL	DIVISION
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

RECOMMENDED DIVISION PLAYER OF THE YEAR _____
School _____

RECOMMENDED DIVISION COACH OF THE YEAR _____
School _____

Return to Appropriate Division Rep. before May 6, 2024.