



ALL-CIF SOUTHERN SECTION GIRLS' 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, 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 NOVEMBER 5, 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: Head _____ Team Record: _____
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 November, 5 2024.