

ALL CIF-SS 2018 NOMINATION FORM

ATTENTION: GIRLS' VOLLEYBALL COACH

REFERENCE: ALL-CIF 2018 SOUTHERN SECTION SELECTIONS

This flyer is to select the "All-CIF Southern Section Girls' 2018 Volleyball Team"

A nomination form for the selection of the "All-CIF Southern Section Girls' 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 THURSDAY, NOVEMBER 1, 2018**

Division	Division Representative	E-Mail
Div. 1-2	Mike Wadley	mwadley@lbschools.net
Div. 3	George Hees	mrhees@hotmail.com
Div. 4	Pat Casey	patrick.casey@ouhsd.k12.ca.us
Div. 5	Jeff Porter	bionvbGuy@yahoo.com
Div. 6	Jeff Divine	jdivine66@mac.com
Div. 7	Frankie Perales	frankiep22c@aol.com
Div. 8	Darcy Brown	ibvbski@aol.com
Div. 9	Robert Gibbs	rgibbs@southwesternacademy.edu

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 GIRLS' VOLLEYBALL 2018 NOMINATION FORM

Dear 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.

Please return this Nomination Form to us NO LATER THAN THURSDAY, NOVEMBER 1, 2018.

Your input is very valuable. All coaches are asked to fill out all or part of this form and return by the deadline Thursday, November 1, 2018.

Your High School	_____	Division	_____	League	_____
Head Coach	_____	Team Record:	_____	win	lost
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

**E-mail to Appropriate Division Rep. before Thursday,
November 1, 2018**

If your form is not turned in, your players may not be recognized