

United Soccer Coaches All-American/ All-Region

This award is presented to both male and female players. All players receiving All-America status have the opportunity to be recognized at the annual United Soccer Coaches Convention each January.

To be eligible for All-America and/or All-Region consideration, players first must be selected by their respective state through a recognized coaches' selection program. Players must be 1st team All State in their respective division and their coach a current/paid member of United Soccer Coaches. Each state is awarded a specific number of slots on the All-America and All-Region teams based on the number of high school coaches that are current United Soccer Coaches members.

Coaches need to join or renew memberships by September 1st of each year. No trial memberships are accepted. You must be a full member to nominate an All-American/All-Region player and vote as well. Nomination form is below. It should be completed and emailed to the United Soccer Coaches New Hampshire Representatives that are listed at the bottom of the form before the NHSCA Annual Meeting.

UNITED SOCCER COACHES

ALL-AMERICAN NOMINATION FORM SECONDARY SCHOOL BOYS AND GIRLS

THE PLAYER'S NAME, SCHOOL AND TEAM WILL APPEAR ON THE CERTIFICATE USING THE INFORMATION PROVIDED. THEREFORE, THIS FORM MUST BE **TYPED**, NEAT AND ACCURATE!

PLAYER DATA

PLAYER'S FIRST NAME _____ MIDDLE _____ LAST _____

GENDER: M _____ F _____

COMPLETE SCHOOL NAME _____

SCHOOL LOCATION: CITY _____ STATE _____

PLAYER'S POSITION (G/D/M/F) _____ YEAR OF GRADUATION _____

PREVIOUS APPEARANCES AS AN ALL AMERICAN (1,2,3) _____

PLAYER'S HOME ADDRESS

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: () _____ Player's E-mail address _____

COACH'S DATA

COACH'S FIRST NAME _____ LAST NAME _____

USC MEMBERSHIP NO. _____ UNITED SOCCER COACHES REGION _____

(REQUIRED FOR YOUR VOTE TO COUNT!)

COACH'S SCHOOL ADDRESS

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: () _____

FAX: () _____

COACH'S HOME ADDRESS

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: () _____

E-Mail _____

ATHLETIC DIRECTOR'S NAME _____ PHONE: () _____

PLEASE BE SURE TO FILL THIS FORM OUT COMPLETELY! IT IS IMPORTANT THAT ALL INFORMATION IS INCLUDED AND THAT ALL INFORMATION IS ACCURATE. **EMAIL TO:**

GIRL'S NOMINATION SENT TO:

Jay Vogt

bowvogts@aol.com

BOY'S NOMINATION SENT TO:

Scott Suleski

scott@sdsnewengland.com