SJSCA ALL-SOUTH JERSEY
SENIOR ALL-STAR GAME FORM
2009-2010

Coaches,
Please fill this form out at your conference voting meeting and return it to the appropriate coach (see below) so that your players will be considered for the SJ Senior All-Star game. Failure to return this form may mean that your leagues' players may not be selected to participate. This form does not guarantee your player will be chosen to play in the game.
***PLEASE SEND ONE FORM FOR YOUR ENTIRE DIVISION, NOT ONE PER TEAM.**

PLEASE LIST ONLY SENIORS WHO YOU FEEL ARE WORTHY OF PLAYING IN "ALL-SOUTH JERSEY" ALL-STAR GAME.

CONFERENCE _____ (check one)
DIVISION _____ BOYS _____ GIRLS _____

*If player was selected to first or second team ALL-CONFERENCE, please circle appropriate team.
*please circle appropriate position for player. ***FAX TO SITE LISTED BELOW**

School	First Name	Last Name	Phone #	Choose Position	*Circle one
			( )	FWD,MF,DEF,GK	1st team / 2nd team
			( )	FWD,MF,DEF,GK	1st team / 2nd team
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GIRLS TEAMS FAX TO: JAMIE MCGROARTY @ 856-784-1322
BOYS TEAMS FAX TO: GEORGE RHEA @ 856-351-0609