

A+ ATHLETE NOMINATION FORM

STUDENT'S NAME: _____ SCHOOL: _____

Graduation Date: _____

SCHOLASTIC ACHIEVEMENTS:

ATHLETIC ACTIVITIES/ACCOLADES:

COMMUNITY INVOLVEMENT:

TEACHER/COACH/STAFF NOMINATING STUDENT: _____

CONTACT CELL PHONE: _____ DATE: _____

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Please send completed form to: David Reed, Sports Director,
at david.reed@kxii.com or fax to 903-892-4623