

WHCA Player of the Year Nomination Form

Player Name

SCHOOL

Position

Height _____ Weight _____

General Information

Academics GPA _____ Class Rank _____ / _____

Community

CAREER STATS

		<i>Forward/Defense</i>		<i>or</i>		<i>Goalie</i>		
Year	Goals	Assists	Points		W/L	GAA	Save %	Saves
Freshman	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>		<input style="width: 40px; height: 20px;" type="text"/>			
Sophomore	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>		<input style="width: 40px; height: 20px;" type="text"/>			
Junior	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>		<input style="width: 40px; height: 20px;" type="text"/>			
Senior	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>		<input style="width: 40px; height: 20px;" type="text"/>			

Nominated by: _____ Title: _____

THIS FORM IS REQUIRED FOR SUBMITTING NOMINATIONS - OTHER FORMATS WILL NOT BE ACCEPTED

Email completed and saved PDF nominations to WiPH: trasher@wctc.net
AND to WHCA: whcaweb@charter.net