



MHSBCA Academic All-State Team

Please TYPE or PRINT clearly ****All forms must be complete and legible for consideration.

A team MSHSAA eligibility list must be sent with ALL nominations whether team nominations and/or individual nominations. (Coach may need to request a release of information form from the school).

(School)

(Address)

(City)

(Zip)

(**Member Coach)

(School Phone)

(Cell Phone)

Name

Grade

G.P.A.

1.		
2.		
3.		
4.		
5.		
6.		
7.		
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9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Number of students divided by total G.P.A. = Team G.P.A.

Principal (Print Name): _____

Principal's Signature: _____

Coach (Print Name): _____

Coach's Signature: _____

****Must be member of MHSBCA****

Coach's email _____

Coach's Contact Phone Number _____

Class: 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ (Check or Circle Appropriate Class)

Send information to:

MHSBCA Academic All-State

Bryan Harmon

409 Kadee Drive

Crane, MO 65633

417-224-7412 or email: harmonbp@gmail.com

Deadline May 1