

HIGH SCHOOL ALL AMERICAN TEAM – 2003

ALL AMERICAN AVERAGING SCORE FORM

Name of High School _____

Address _____

City, State, Zip Code _____

Head Coach's Name _____

Assistant Coach's Name _____

Principal's Name _____

E- mail address _____

Note: The copies of the score sheets submitted must be signed by the Head Judge, the Coach and the Athletic Director to be considered valid.

AVERAGE SCORES EQUALS _____.

	Meet #1	Meet #2	Meet #3
Opponent & Date of meet	_____	_____	_____

Meet score _____.

Comments and additional information: _____

A \$5.00 application fee plus \$2.00 per certificate is required covering team members, coaching staff, managers and any other special individuals like your trainer or athletic director. Please include a list of certificate winners.

** Send Womens to: Margie Canfield
S66 W27890 River Road
Waukesha, WI. 53188

Send Mens to: Eric Liva
7401 Clarendon Hills
Darien IL 60559