

Blue Chip Conference
Boys Tennis *All-Conference*
Nomination Form 20 _____

School: _____

Coach: _____

Conference Record: _____

All-Conference Nominations

Player Name:	Grade:	Conf. Record:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Please nominate the players that you believe are All-Conference players, regardless of position. At the Conference selection meeting, the top ten vote-getters, regardless of position, will be named All-Blue Chip Conference. Coaches will be allowed to vote for their own players. ***Nominations must be returned by October 10th, at 3:00 p.m.***

Use contact information below for submission and questions you may have about process

Mail: Tim Grove 9737 North State Road 159 Bicknell, IN 47512
E-mail: tgrove@lssc.k12.in.us
Phone: 812-890-2842 (cell) 812-847-6020 (work)

Blue Chip Conference
Boys Tennis
End of Season Report 20_____

School: _____

Coach: _____

SEASON RESULTS (TEAMS: BR, LHS, NED, SK, VR, WM)

DATE	OPPONENT	SCORE	RESULT (W/L)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

End of Season Report must be returned by October 10th at 3:00 p.m.

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