2014 Shrine Bowl Player Recommendation Form

School Information:

High School _____ City _____ State _____

Coach's Name _____

Coach's Cell Phone _____ Email Address _____

These student athletes have displayed the type of character, leadership, and athletic skills that are worthy of participating in the Shrine Bowl of the Carolinas Game. We know of no reasons of moral character or physical ability that would hinder them from participating fully in the 2014 Shrine Bowl Game. We certify that these players are academically eligible to play in this game and are scheduled to graduate with their class this academic year.

_____ _____ _____

Principal's Signature Head Football Coach Signature Date

Recommended Player(s) Information: *(Six players may be recommended)*

Last_____ First _____

Date of Birth _____/_____/____ Height _____ Weight _____ School Jersey # _____

Football Position _____ Specialty _____

Attended a Shrine Bowl Combine(s) at _____

"SINCE 1937 STRONG LEGS HAVE RUN SO WEAK LEGS COULD WALK"

Mail, Email or FAX to:

North Carolina Nominations:
Head Coach Hal Capps
Mooresville High School
659 East Center Ave.
Mooresville, NC 28115
FAX: 704-664-4381
Email: halcapps@mgsd.k12.nc.us

South Carolina Nominations:
Head Coach Ben Freeman
Pelion High School
600 Lydia Dr.
Pelion, SC 29123
FAX: 803-821-2150
Email: bfreeman@lexington1.net

Must be returned by September 15, 2014

Date Returned _____/_____/_____

Additional forms also available at www.shrine-bowl.com.

Recommended Player(s) Information for _____ High School: *(cont.)*

Last_____ First _____

Date of Birth _____/_____/____ Height _____ Weight _____ School Jersey # _____

Football Position _____ Specialty _____

Attended a Shrine Bowl Combine(s) at _____

Recommended Player(s) Information: *(continued)*

Last_____ First _____

Date of Birth _____/_____/____ Height _____ Weight _____ School Jersey # _____

Football Position _____ Specialty _____

Attended a Shrine Bowl Combine(s) at _____

Recommended Player(s) Information: *(continued)*

Last_____ First _____

Date of Birth _____/_____/____ Height _____ Weight _____ School Jersey # _____

Football Position _____ Specialty _____

Attended a Shrine Bowl Combine(s) at _____

Recommended Player(s) Information: *(continued)*

Last_____ First _____

Date of Birth _____/_____/____ Height _____ Weight _____ School Jersey # _____

Football Position _____ Specialty _____

Attended a Shrine Bowl Combine(s) at _____

Recommended Player(s) Information: *(continued)*

Last_____ First _____

Date of Birth _____/_____/____ Height _____ Weight _____ School Jersey # _____

Football Position _____ Specialty _____

Attended a Shrine Bowl Combine(s) at _____