

The OCSA Senior All-Star Game

(Please type or print clearly – use back of form if more space is needed)

Players Name: _____ Please check () Male () Female

Name of Institution: _____ Division: _____

Institution Address: _____

Player's Address: _____

Player's School Phone # _____ Home Phone # _____

Parent's Name and Address: _____

Parent's Home Phone # _____ Work Phone # _____

Player Position: _____ Height: _____ Weight: _____

High School & Address: _____

Career Games: _____

Athletic Honors: _____

Career Statistics: _____

Academic Honors: _____ Major: _____

Please email or fax completed form NO LATER THAN March __, 200__ to:

Men

Reid Ayers
Baldwin-Wallace College
Phone: 440-826-3839
Email: rayers@bw.edu
Fax: 440-826-2192

Women

Bob Barnes
Ohio Wesleyan University
Phone: 740-368-3757
email: rcbarnes@owu.edu

Coach Name: _____ Office Phone # _____

Institution: _____ Office Fax # _____

Address _____ Emergency # _____

Name of Institution SID: _____ SID Phone # _____

Player Declaration – Intent to Participate

I hereby declare my intent to participate in the 200_ Senior All-Star Game, if selected, and realize that this declaration is a commitment on my part except in case of injury, illness or personal emergency. I agree to represent my institution with the highest standard of personal conduct.

Signature of Player: _____ Date: _____

Player Size Information: Jersey _____ Shorts _____