



## HAWAII YOUTH SOCCER ASSOCIATION 2019 Senior All-Star Game Nomination Form



	Name	Gender		Club/Team	School	Position (Mark all that apply)				Email Address	Phone #
		M	F			FOR.	MID.	DEF.	GK		
1	_____	___	___	_____	_____	___	___	___	___	_____	_____
2	_____	___	___	_____	_____	___	___	___	___	_____	_____
3	_____	___	___	_____	_____	___	___	___	___	_____	_____
4	_____	___	___	_____	_____	___	___	___	___	_____	_____
5	_____	___	___	_____	_____	___	___	___	___	_____	_____
6	_____	___	___	_____	_____	___	___	___	___	_____	_____
7	_____	___	___	_____	_____	___	___	___	___	_____	_____
8	_____	___	___	_____	_____	___	___	___	___	_____	_____
9	_____	___	___	_____	_____	___	___	___	___	_____	_____
10	_____	___	___	_____	_____	___	___	___	___	_____	_____
11	_____	___	___	_____	_____	___	___	___	___	_____	_____
12	_____	___	___	_____	_____	___	___	___	___	_____	_____
13	_____	___	___	_____	_____	___	___	___	___	_____	_____
14	_____	___	___	_____	_____	___	___	___	___	_____	_____
15	_____	___	___	_____	_____	___	___	___	___	_____	_____

**NOMINATIONS ARE DUE TO HYSA BY January 31, 2019**

\*\*\*\*\*

**Player Eligibility:** 1) High School Graduation Year = 2019; 2) Past or current member of HYSA and/or an Affiliate League

**Notes:** Use this form for nominating more than one player. Approximately 32 males and 32 females will be selected for each game.  
Rosters will be released March 1st.

**Nominator's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

Submit to HYSA via email at [hysa@hawaii.rr.com](mailto:hysa@hawaii.rr.com) or [hawaiiodp@yahoo.com](mailto:hawaiiodp@yahoo.com)