



**MHSAA ATHLETE OF THE WEEK NOMINATION FORM**

**Athlete Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**Coaches Name:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Position** \_\_\_\_\_

**Academic Average:** \_\_\_\_\_  **Captain**     **Co-Captain**     **Assistant Captain**

**Accomplishments: (statistics, MVP, led team to tournament Victory, etc.)**

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**Quote form the coach: (i.e. leadership skills, attitude, why they are so successful at their sport)**

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**Other Sports:** \_\_\_\_\_

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**Other school or community involvement (student council, grad committee, etc.)** \_\_\_\_\_

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Please submit your nomination to the MHSAA office at 925-5792 or online at

[www.mhsaa.ca](http://www.mhsaa.ca) by Monday Noon. Thank you!