

# WHCA Player of the Year Nomination Form

**Player Name**

**SCHOOL**

**Position**

Height \_\_\_\_\_ Weight \_\_\_\_\_

General Information

**Academics** GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ / \_\_\_\_\_

**Community**

## CAREER STATS

Year	Forward/Defense			or	Goalie			
	Goals	Assists	Points		W/L	GAA	Save %	Saves
Freshman	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sophomore	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Junior	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senior	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nominated by: \_\_\_\_\_ Title: \_\_\_\_\_

THIS FORM IS REQUIRED FOR SUBMITTING NOMINATIONS - OTHER FORMATS WILL NOT BE ACCEPTED

Email completed and saved PDF nominations to WiPH: [trasher@wctc.net](mailto:trasher@wctc.net)  
**AND** to WHCA: [whcaweb@charter.net](mailto:whcaweb@charter.net)