## Corpus Christi Athletic Final Roster and Awards Form

*Note: all coaches are required to turn this form in to the CCS AA Vice President two weeks prior to the awards presentation (No coach should order trophies)

Date
Sport

|  |  |
| :--- | :--- |
|  |  |
| Did you win the sport tournament? |  |
| Did you win your division? |  |
| Lead School if combined with |  |
|  |  |

other school
Awards-Three awards per team *must get approval if giving award for combination team
Name of award and players name
Name of award and players name
Name of award and players name


Two Captains per Varsity team
Name of Captain selected
Name of Captain selected

| Roster (please check spelling and print) |  |  |  |  |
| ---: | :---: | :---: | :---: | :---: |
| First Name | Last Name | Grade | School if non CCS |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |

Please list Coach, Assistant Coaches, phone numbers and email addresses

| Name | Phone | Email |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

VARSITY COACHES ONLY, ON THE REVERSE SIDE , PLEASE LIST ANY ATHLETE(S) THAT YOU WOULD LIKE TO NOMINATE FOR THE FR. BLANK AWARD (IN A FEW SENTENCES LIST WHY THE PLAYER SHOULD BE CONSIDERED.

Father Blank Award Nominee(s)

