

CIRCLE: BOYS GIRLS

Full Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone _____ Cell: _____
Parent Email: _____
Tribe: _____
School: _____
City: _____ State: _____ Zip: _____



SR. STATS: AVG POINTS: _____ REBOUNDS: _____ ASSISTS: _____ STEALS: _____ BLOCKS: _____

CAREER: AVG POINTS: _____ REBOUNDS: _____ ASSISTS: _____ STEALS: _____ BLOCKS: _____

TEAM RECORD: SOPHOMORE: _____ JUNIOR: _____ SENIOR: _____

POSITION: _____ HEIGHT: _____ SHORT SIZE: _____ JERSEY SIZE: _____ NUMBER: _____

ATHLETIC ACHIEVEMENTS/AWARDS

ACADEMIC ACHIEVEMENT/HONORS/GPA/CLASS RANK

CLUBS/ORGANIZATIONS/LEADERSHIP/CULTURAL INVOLVEMENT

Athlete Name: _____

School: _____

FUTURE PLANS

ADDITIONAL COMMENTS:

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COACH'S NAME: _____

PHONE NUMBER: _____

Coaches, initial the box provided if you are a Tribal member/CDIB card holder and would like to be considered to coach in the games or be on the selection committee.

RETURN NOMINATION FORMS BY EMAIL TO: onasabasketball@gmail.com

OR BY FAX TO: 405-941-3561

*******DEADLINE: Friday, April 19, 2024*******

Please feel free to add any additional information about the student/athlete that you feel the selection committee should consider.