Corpus Christi Athletic Final Roster and Awards Form

*Note:	all coaches are required to turn this form	n in to the CCS AA Vice President two w	eeks prior	
to the	awards presentation (No coach should o	rder trophies)		
Date				
Sport				
	Did you win the sport tournament?			
	Did you win your division?			
	Lead School if combined with			
	other school		•	
Award	s-Three awards per team *must get app	roval if giving award for combination t	eam	
	Name of award and players name			
	Name of award and players name			
	Name of award and players name			
Two Ca	aptains 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 nu	mbers 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)					