



2019 Shrine Bowl Player Nomination Form

The following student is recommended for the 2019 Shrine Bowl of the Carolinas:

First Name _____ Last Name _____

Player Phone # (____) _____ Player Email _____

Height _____ Weight _____ School Jersey # _____

Recommend Football Position(s) _____

Specialty _____

Attended a Shrine Bowl Combine At: _____

This student athlete has displayed the type of character, leadership, and athletic skills that are worthy of participating in the Shrine Bowl of the Carolinas Game. I know of no reasons of moral character or physical ability that would hinder him from participating fully in the 2019 Shrine Bowl Game. I certify that this student is academically eligible to play in this game and is scheduled to graduate with their class this academic year.

Coach's Signature (Required) _____

Principal's Signature (Required) _____

High School _____

City _____ State _____

Coach's Name (Print) _____

Coach's Cell Phone _____

Email Address _____

Please email this form back to Shrinebowlplayers@gmail.com
or fax at 803-973-7691 . One form per player.

NOMINATIONS CLOSE SEPTEMBER 2, 2019