

FALL 2017 FLAG FOOTBALL AWARDS BALLOT

VOTING TEAM NAME: _____ DIVISION: _____

VOTING HEAD COACH NAME: _____

MOST VALUABLE PLAYER

PLEASE PICK YOUR TOP 3 MVP CANDIDATES IN ORDER FROM YOUR DIVISION. **PLAYERS CANNOT BE ON YOUR OWN TEAM.** IF YOU DON'T KNOW THE CHILD'S NAME, PLEASE LIST TEAM, DESCRIPTION AND/OR POSITION.

1. _____
2. _____
3. _____

COACH OF THE YEAR

PLEASE PICK YOUR TOP 3 COY CANDIDATES IN ORDER FROM YOUR DIVISION. YOU CANNOT CHOOSE YOURSELF AS COACH OF THE YEAR. IF YOU DON'T KNOW THE COACHES NAME, SIMPLY LIST THE TEAM.

1. _____
2. _____
3. _____

ALL NYS TEAM

PLEASE SELECT 3 PLAYERS FROM YOUR OWN TEAM TO BE SELECTED TO THIS SEASONS ALL NYS TEAM. THEY SHOULD BE 3 PLAYERS YOU FEEL DESERVE RECOGNITION FOR THE CONTRIBUTIONS ON THE FIELD, IN THE COMMUNITY, AND IN THE CLASSROOM.

1. Offense: _____
2. Defense: _____
3. Utility : _____

PRO-BOWL PARTICIPANTS

PLEASE SELECT 2 PLAYERS FROM YOUR OWN TEAM TO PARTICIPATE IN A NYS PRO-BOWL.

1. _____
2. _____

Email ballots to scott@nysnevada.com no later than 11/1.