

# USSSA Team of the Week Nomination Form

E-mail or completed nomination forms to [soccerinfo@ussa.com](mailto:soccerinfo@ussa.com)

**P** Name \_\_\_\_\_  
**L** Team \_\_\_\_\_  
**A** City/State \_\_\_\_\_  
**Y** Age \_\_\_\_\_  
**E** Position \_\_\_\_\_  
**R** Facebook \_\_\_\_\_  
Twitter \_\_\_\_\_

**F** Name \_\_\_\_\_  
**R** Club/League/Tournament \_\_\_\_\_  
**O** City/State \_\_\_\_\_  
**M** E-Mail \_\_\_\_\_  
Phone \_\_\_\_\_  
Organization Facebook \_\_\_\_\_  
Organization Twitter \_\_\_\_\_

Description of nominated player	Jersey number	_____
_____		
_____		
_____		

Description of event participated in	_____
_____	
_____	

Reason for nomination	_____
_____	
_____	

Additional information, stats, history, reasoning of nomination	_____
_____	
_____	

The above information is submitted for the sole purpose of nominating the above player and I hereby certify the information to be true.	SIGNED _____
	TITLE _____
	DATE _____