



Baseball Academic All-State Team

Please TYPE or PRINT

(School)	(Address)	(City)	(Zip)
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(**Coach)	(School Phone)	(Home Phone)
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	Name	Grade	G.P.A.
1.			
2.			
3.			
4.			
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17.			
18.			
19.			
20.			

Number of students divided by total G.P.A. = Team G.P.A.

Principal's Signature _____

Coach's Signature _____

Class 1 2 3 4 (Circle Class)

**Must be member of MHSBCA

Deadline May 30, 2009

Send information to:

Dave Riley
 Holden H.S.
 301 Eagle Drive
 Holden, MO 64040
 816-732-4125-school
 660-441-2370-cell
 or email: driley1@holden.k12.mo.us