New York State Women’s Collegiate Athletic Association
Volleyball
Player Recognition Nomination Form

Institution:  Week Ending (Sunday):
Overall Record:  Record for Week:
Team Highlights:

Player of the Week Nominee

Name:  Year:  Position:  
High School:  Home Town:  

Statistics for the week:

<table>
<thead>
<tr>
<th>Match</th>
<th>Games</th>
<th>K</th>
<th>K/G</th>
<th>E</th>
<th>TA</th>
<th>Pct</th>
<th>Asst</th>
<th>Asst/G</th>
<th>Aces</th>
<th>Aces/G</th>
<th>Dig</th>
<th>Dig/G</th>
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Highlights:

Rookie of the Week Nominee

Name:  Year:  Position:  
High School:  Home Town:  

Statistics for the week:

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<th>Match</th>
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Highlights:

Defensive Player of the Week Nominee

Name:  Year:  Position:  
High School:  Home Town:  

Statistics for the week:

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Highlights:

Please email or fax this form to Jeff Beachy (jbeachy@skidmore.edu or fax 518-580-5668) by 2:00 p.m. Mondays.