

VOLLEYBALL ALL-CONFERENCE *BALLOT*

SCHOOL

COACH

FIRST TEAM:

NAME	SCHOOL	YEAR
1- _____	_____	_____
2- _____	_____	_____
3- _____	_____	_____
4- _____	_____	_____
5- _____	_____	_____
6- _____	_____	_____
7-LIBERO _____	_____	_____

SECOND TEAM

1- _____	_____	_____
2- _____	_____	_____
3- _____	_____	_____
4- _____	_____	_____
5- _____	_____	_____
6- _____	_____	_____
7-LIBERO _____	_____	_____

FAX TO: MARK LACKE WVC COMMISSIONER 715-352-3198

PLEASE FAX NO LATER THAN 9am MONDAY PRIOR TO THE WVC FALL COACHES END OF SEASON MEETING. EARLIER IF POSSIBLE

Reminder - Do not vote for members of your own team!

