



Baseball Academic All-State Team

Please TYPE or PRINT

| (School) | (Address) | (City) | (Zip) |
|-----------|-----------|----------------|--------------|
| (**Coach) | | (School Phone) | (Home Phone) |
| | Name | Grade | G.P.A. |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
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| 15. | | | |
| 16. | | | |
| 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

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