**ALL STAR SELECTION**

PLEASE PROVIDE ONE PLAYER PER POSITION FROM YOUR TEAM AND ONE PLAYER PER POSITION FROM OTHER TEAMS IN YOUR DIVISION IN THE APPROPRIATE BOX.

SUBMIT FORM TO THE TOURNAMENT DESK IMMEDIATELY FOLLOWING THE PRELIMINARY ROUND.

IF YOU FAIL TO SUMBIT A FORM OR FAIL TO VOTE IN ALL THREE CATEGORIES FOR OTHER TEAMS IN THE TOURNAMENT, VOTES RECEIVED FOR YOUR PLAYERS WILL NOT BE COUNTED.

TEAM DIVISION: TEAM NAME:

TEAM REPRESENTATIVE:

TEAM REP SIGNATURE:

GOALTENDER NAME: DEFENCE NAME: FORWARD NAME:

**YOUR TEAM -ALL STAR VOTES**

**OTHER TEAMS- ALL STAR VOTES**

GOALTENDER TEAM NAME AND PLAYER NAME OR NUMBER: DEFENCE TEAM NAME AND PLAYER NAME OR NUMBER: FORWARD TEAM NAME AND PLAYER NAME OR NUMBER:

