



Academic All-Star Nomination Form

**Please Return to: Sports Department
WBNG-TV
560 Columbia Drive
Johnson City, NY 13790
Fax: 607-797-6211**

Student's Name: _____

School (include mailing address: _____

Class: _____

Grade Point Average: _____

Sport(s): _____

Athletic Honors: _____

Academic/Extracurricular Honors: _____

Day/Time Team Practice: _____

Location of Practice: _____

Athletic Director: _____

Athletic Director Phone Number: _____

Guidance Counselor: _____

Guidance Counselor's Phone Number: _____

Other Comments: _____

