



**2015 NCHSAA Nomination Form**  
Recognition for  
Team Physician/Doctor/Physician's Assistant

Due: Sept 7, 2015

School Name: \_\_\_\_\_ Region: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Received (NCHSAA Office): \_\_\_\_\_

Team Physician(s) please type or print:

---

---

---

---

**\*\* Must be returned no later than September 7, 2015\*\***

Submit this form to:

**Via Mail**  
NCHSAA  
ATTN: Pepper Hines  
PO Box 3216  
Chapel Hill, NC 27515

**Via Fax**  
919-240-7397