

LVAIAW LACROSSE Nomination

Institution: _____

Name: _____

Class: _____ **Position:** _____

Statistics

Goalie

Games played/ started _____

Games played/started _____

Goals _____

Minutes _____

Assists _____

Goals allowed _____

Points _____

Saves _____

Ground Balls _____

Goals- against avg. _____

Draw Controls _____

Record _____

Caused Turnovers _____

Shutouts _____

Coaches Comments: _____

PLEASE RETURN TO:

Mary Beth Spirk
FAX: (610) 625-7954
Memas01@moravian . edu

