

# 2007 IGCA VOLLEYBALL ALL-STATE BALLOT

Please vote for players in any or all of the classes. Your list should be ranked: the player on line number one should be the player you feel is the best player you have seen in that class. Mail your ballot to Bob Fessler at Pella High School, 212 E. University, Pella, Iowa 50219 or fax 641-628-7402. Ballots must be received by November 12th to be counted. All athletes must be identified by name and school in order to be counted. Please check spelling! Use only lines provided. Additional names will not be counted. (Sorry about the space allowed but to get this on one page it was a tight fit!

## CLASS 1A

First Name Last Name School Yr. Ht. Pos.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_  
11 \_\_\_\_\_  
12 \_\_\_\_\_

## CLASS 2A

First Name Last Name School Yr. Ht. Pos.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_  
11 \_\_\_\_\_  
12 \_\_\_\_\_

*please fill out 3A/4A ballot on next page also*

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### CLASS 3A

### CLASS 4A

**First Name Last Name School Yr. Ht. Pos.**

**First Name Last Name School Yr. Ht. Pos.**

1 \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

6 \_\_\_\_\_

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10 \_\_\_\_\_

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11 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

12 \_\_\_\_\_