

**ICGSA**  
**2023 All State Soccer Player**  
**Nomination Form**

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Position: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Coach Email: \_\_\_\_\_

Player Stats Offensive/Defensive (Goals, Assists, Shutouts, Saves, Etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School Honors Earned: (Academic and Athletic)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2020 Team Record: \_\_\_\_\_

List 5 toughest opponents you played this season:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBMIT BY: **OCTOBER 31, 2023**

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OR

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