

**ICGSA**  
**District Soccer Coach of the Year Form**

\*Varsity coaches only may vote - must be ICGSA member to vote.

\*Please vote for five coaches in your district whom you feel are worthy of the above honor.

\*Remember, you are only to vote for coaches in your district

\*Selections will be processed at the State Finals at Kuntz Stadium.

\*Please rank the coaches from 1 to 5 with your number 1 being the highest and 5 being the lowest.

\*Failure to complete the nomination form properly will result in your ballot not being counted.

**ICGSA**  
**District Soccer Coach of the Year Form**

**Name of Coach**

**School**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Name of coach submitting ballot** \_\_\_\_\_

**School of coach submitting ballot** \_\_\_\_\_

**District # of coach submitting ballot** \_\_\_\_\_

**Please send to:**

**Ilyas Schwartzman – ICGSA All State Nomination**  
**3915 Cove Road**  
**Columbus, IN 47203**

**Email: [Ilyas163@gmail.com](mailto:Ilyas163@gmail.com)**

**ABSOLUTE DEADLINE FOR SUBMISSION: OCTOBER 22**