

**ICGSA
2017 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)

2017 Team Record: _____

List 5 toughest opponents you played this season:

SUBMIT BY October 23, 2017

Mail to:

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