



Phone 309-482-5561

NO CONNECTION WITH  
IHSFCA ALL STATE TEAMS



# ALL-STAR FOOTBALL PLAYER NOMINATION FORM



SCHOOL CLASSIFICATION  
CIRCLE ONE 1A 2A 3A 4A 5A 6A 7A 8A

CONFERENCE \_\_\_\_\_  
ENROLLMENT \_\_\_\_\_ AS REPORTED TO IHSA

PLAYER NAME \_\_\_\_\_  
Last First School City Zip

THIS INFO IS ESSENTIAL \_\_\_\_\_  
Home Address City Zip Home Ph: Cell Ph.

COACH'S NAME \_\_\_\_\_  
Last First Home Address City Zip

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School Phone Cell Phone Home Phone

### GENERAL INFORMATION

POSITION.....HT.....WT.....40 YD DASH.....BENCH PRESS.....

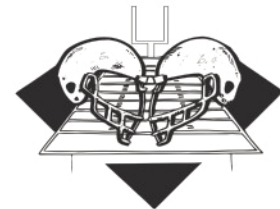
SPECIALTIES.....HONORS (All-Conference, All-State, etc.)  
BE SPECIFIC--Such as, all-conference 2nd team defensive back. If more space is need attach to form.

STATISTICS OF ANY KIND ON PLAYERS PERFORMANCE \_\_\_\_\_

**AS PRINCIPAL OF THE HIGH SCHOOL FROM WHICH THE NOMINEE WILL GRADUATE IN THE SPRING.  
I CERTIFY THAT HE MEETS THE QUALIFICATIONS FOR PARTICIPATION.**

Principals SIGNATURE \_\_\_\_\_

NOMINATIONS MUST BE RETURNED TO: John K. Elder, Illinois Coaches Association  
Box 240, Alexis, IL 61412 (Fax Accepted)  
or email: [www.icacoach.org](http://www.icacoach.org)



**Please include**  
BOOSTER CLUB PRESIDENT \_\_\_\_\_

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Name Address Phone STUDENT COUNCIL PRESIDENT

NOMINATIONS MUST BE RETURNED TO JOHN K. ELDER, DECEMBER 5.

\*\*\*USE ONLY THE POSITIONS LISTED HERE WHEN MARKING A PLAYER'S POSITION\*\*\*

**DEFENSE:** Defensive End  
Defensive Lineman  
Inside Linebacker  
Defensive Secondary  
Outside Linebacker



**OFFENSE:** Center  
Offensive Lineman  
Tight End  
Wide Receiver  
Running Back  
Quarterback

**ICA EMAIL**  
[elder@icacoach.org](mailto:elder@icacoach.org)

