



REQUIREMENTS FOR NOMINATION AND SELECTION TO ILLINOIS ALL-STAR FOOTBALL TEAM

The dividing line in the State is basically East to West, I-55 running North until it intersects State Road 59. Follow State Road 59 North to I-90, I-90 West to the junction of I-294, I-294 South to I-55 East into Chicago.

The twenty-one District Football Chairmen, and representatives from the Illinois Football Coaches Association, will be responsible for the selection of the players and coaches and general game operation.

Players must be nominated by their Coach on the form provided, and the form must be signed by the High School Principal.

Number of Players and Coaches. 44 players on each team with distribution coming from each of the 8 classes. Alternates will be selected at each position. At Least six Coaches on each team, selected, if possible, from the teams that played in the Final Game of the State Playoffs.

GENERAL RULES

1. Must be a graduated Senior from an IHSA member school.
2. Must never have been declared ineligible by IHSA except for 30 day transfer rule.
3. Must not have been suspended or quit the squad during his Senior year.
(Principals Signature certifies this.)
4. Must have parent or guardian's permission.
5. Must have a Doctor's certificate.
6. Must be an amateur.



Practice—Four days with full equipment.

Game and Practice Equipment—All practice equipment must be furnished by the participant. Game shirts and pants will be provided by the Game Sponsors.

Housing and Meals—All participants are housed in college dorms and fed on campus.

Health and Safety—An insurance policy will cover each participant. Each player will provide own transportation to and from practice site. Doctors and trainers are present during week.

See Nomination Form on next page.



Phone or Fax 309-482-5561
Alternate Fax 309-482-3236

Game Played the 4th Saturday in July

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 Phone

COACH'S NAME _____
Last First Home Address City Zip

School Phone

Home Phone

GENERAL INFORMATION

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

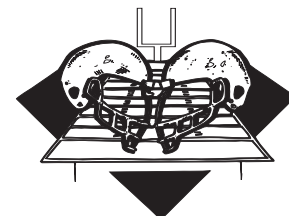
SPECIALTIES.....HONORS (All-Conference, All-State, etc.)
BE SPECIFIC--Such as, all-conference 2nd team defensive back. If more space is need attach to form.

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



Please include
BOOSTER CLUB PRESIDENT _____

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