Print Form

Illinois High School Association
2715 McGraw Dr., Bloomington, IL 61704
Phone: 309-663-6377
Fax: 309-663-7479

Boys Soccer Up-to-Date Statistics

(Submit through Super-Sectional Tournament if you are a state qualifier)

The fields in this form will accept a cursor and can be filled out prior to printing.

Coach: Please fill out this form as thoroughly as possible and fax it to the IHSA Office at 309-663-7479 by 10:00 a.m. Wednesday, October 29, 2014 for Class 1A and Wednesday, November 5, 2014 for Class 2A & 3A. If your school does not keep statistics in a given category, please indicate so on the form.

School Name _____ **Head Coach** _____ **Class** ◯ 1A ◯ 2A ◯ 3A

List numerically from smallest number to largest number. Please use the same listing as on the Roster page of the Team Data.

PLAYERS (First and Last Name)	No. of Games Played	Shots Attempted	Goals Scored	Assists
Your Team Totals				

GOALKEEPERS (First and Last Name)	No. of Games Played	Goals Allowed	Per Game Average	Saves	Penalty Kicks Blocked	Penalty Kicks Allowed