

Illinois High School Association 2715 McGraw Dr., Bloomington, IL 61704

Phone: 309-663-6377 Fax: 309-663-7479

## **Girls 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, May 28, 2014 for Class 1A and Wednesday, June 4, 2014 for Class 2A & 3A. If your school does not keep statistics in a given category, please indicate so on the form.

School Name				lass () IA	( ) ZA	() 3A	
Head Coach							
List numericall	y from smallest number to larg	jest number. Please	use the same	listing as on tl	ne Roster pag	je of the Team	Data.
PLAYERS (First and Last Name)		No. of Games Played	Shots Attempted	Goals Scored	Assists		
			Attempted		A3313C3		
Your Team Totals							
GOALKEEPERS (First and Last Name)		No. of Games	Goals Allowed	Per Game	Penalty Kicks Saves Blocked Allowed		
,,,,,,	-,	Played	Allowed	Average	Javes	Diocked	Allowed