

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)

## Download form to your computer prior to entering data. 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 22, 2019 for Class 1A and Wednesday, May 29, 2019 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
-------	-----	------	------

**Penalty Kicks** 

Allowed

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

Uniform Number	PLAYERS (First and Last Name)		No. of Games Played	4	Shots Attempted		Goals Scored		Assists		
		] Г		-		[		, [			
		+									
		+									
		$\downarrow$									
		1				Ī					
		1				ľ		, F			
		1  -				ł					
		+									
		+									
								.			
		] [						, [			
		1				Ī					
		1				ŀ		, F			
		+						.			
		+						.			
		-				-					
		1				Ī		, İ			
		1				ł					
		+				ŀ					
		+			<b>├</b> ───┤	ł					
						ł		,			
								l			
Uniform			No. of Games		Goals		Per Game				Pen
Number	GOALKEEPERS (First and Last Name)		Played		Allowed		Average		Saves	E	Blocked
								, [			
		1				ŀ				F	
		1				ł				F	
		1			I						