

Contact Dave Jacobs

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**2017 ICA ALL STAR**

**SHRINE FOOTBALL GAME**

Game is Saturday, June 17<sup>th</sup>,  
1pm @ IWU in Bloomington



**PLAYER NOMINATION FORM**

SCHOOL CLASSIFICATION (Please circle one)(1a-2a-3a-4a-5a-6a-7a-8a)  
**\*\*THIS INFO IS ESSENTIAL\*\* PLEASE Type or Print Neatly**

**PLAYER NAME**

\_\_\_\_\_  
Last First School City Zip

Home Address City Zip Contact Parent Contact's Cell Phone

PLAYER'S EMAIL ADDRESS \_\_\_\_\_ Player's Cell Phone \_\_\_\_\_

**COACH'S NAME**

\_\_\_\_\_  
Last First Address City Zip

COACH'S EMAIL \_\_\_\_\_ COACH'S Cell Phone \_\_\_\_\_

**PLAYER'S GENERAL INFORMATION**

Primary Position (Circle One) DEFENSE: ILB/OLB/DT/FS/DB or OFFENSE: CE/G/T/TE/WR/RB/QB

HT.....WT.....

Punter/Kicker/Longsnapper/Holder.....HONORS (All-Conference, All-State, etc.)

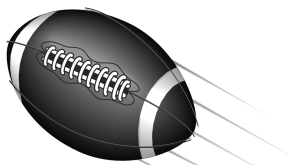
BE SPECIFIC—Such as, all-conference 2<sup>nd</sup> team defensive back. If more space is needed attach to form.

STATS \_\_\_\_\_

AS PRINCIPAL OF THE HIGH SCHOOL FROM WHICH THE NOMINEE WILL GRADUATE IN THE SPRING, I CERTIFY THAT HE MEETS THE QUALIFICATIONS FOR PARTICIPATION. Principal's Signature

**Nominations Must Be Returned by December 2nd to:**

**Dave Jacobs, Shrine Game  
HAHS/ 615 East Orange Street  
Hoopeston, IL 60942**



**\*\*PLEASE CHECK WITH PLAYERS TO MAKE CERTAIN THEY WILL PARTICIPATE IF SELECTED!!\*\***

