2009 State Soccer Tournament Information

School _____ School's Nickname_____

Superintendent_____ Athletic Director_____

School Colors_____ Assistant Coach_____

Head Coach_____ Years Coaching at current school_____

Head Coach's College & Grad. Year_____

2009 SOCCER ROSTER (List 22 ONLY)

(List starters first, remainder numerically)

Uniform #	Name	Position	Height	Year

ALL SOCCER PROGRAM MATERIALS MUST BE SENT TO THE IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION NO LATER THAN 4:30 P.M. MONDAY, JUNE 8. YOU MAY FAX SHEETS TO: (515) 284-1969.

2 00 9 Soccer Season Results

Team Name_____ Overall Match Record_____

Conference Name (Place)_____ Coach Home Phone Number_____

Conference Match Record_____ Coach Cell Phone/Work Number _____

Your Score	**Opponent**	**Their Score**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

* Indicates Tournament . . . . . .**Please indicate conference games**

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