

2019 Illinois State Soccer Association Women in Soccer – Nomination Form

Illinois State Soccer Association 2025 S Arlington Heights Rd, Suite 111, Arlington Heights, IL 60005 ILStateSoccer@gmail.com

Nominee Name	
Date of Birth (Optional)	
Address	
City/St/Zip	
Cell Phone	
Email Address	

I/We wish to nominate the above mentioned individual to be a candidate for induction into the **ISSA's Women in Soccer Award**. The following information is enclosed:

- 1. List of contributions to the sport of soccer in chronological order: Player/Coach/Team Manager/Club Official/League Official/State Official/Regional Official/National Official/Referee/Other
- 2. Brief biography of nominee
- 3. Please attach one passport size photograph, or email a digital picture to <u>ILStateSoccer@gmail.com</u>

2019 Illinois Soccer Women in Soccer Award

Categories: Check all that apply

___Administrator ____Coach ____Player ____Referee ____Volunteer ____Supporting role

- Deadline for submitting nominations: October 15, 2019
- Send all correspondence to: Karen O'Dowd, Chairman of the Women in Soccer Committee, to address above, or email: <u>ILStateSoccer@gmail.com</u>
- The 2019 Illinois Soccer Women in Soccer Award will be held in conjunction with the ISSA Holiday Celebration in December

Nominated By	
Address	
League Affiliation	
Organization Name	
Cell Phone	
Email Address	

In the case of a posthumous nomination, check this box, and please indicate the date passed away below, along with the name of surviving spouse or other relative and contact information.

Date passed away:	
Survivor contact:	

Signature _____