



REQUIREMENTS FOR NOMINATION AND SELECTION TO ILLINOIS ALL-STAR BASEBALL TEAM

The dividing line in the state is basically east to west, I-55 running north until it intersects state road 59. Follow state road 59 north to I-90 East to the junction to I-294. I-294 South to I-55 East into Chicago.

The Illinois Coaches Association district baseball representatives will be responsible for the selection of the players and coaches and general game operation.

PLAYERS MUST BE NOMINATED BY THEIR COACH ON THE FORM PROVIDED, AND THE FORM MUST BE SIGNED BY THEIR HIGH SCHOOL PRINCIPAL.

Number of players: 22 players on each team divided as follows: 6 pitchers, 2 catchers, 2 first basemen, 6 infielders, and 6 outfielders. All players will be selected by positions and alternates will be selected at each position.

GENERAL RULES

1. Each baseball player must be nominated by his coach, all information must be complete, and the form signed by his principal or the player's nomination is not valid.
2. Must be a graduated **SENIOR** from an IHSA member school and an amateur.
3. Must never have been declared ineligible by the IHSA except for 30 day transfer rule.
4. Must not have been suspended or quit the squad during his senior year. (principal certifies this)
5. Must have parent or guardian's permission.
6. Must have a doctor's certification within the last year before All-Star game.

STEPS TO FOLLOW

- 1) Read Requirements for nomination
- 2) Fill out and have your principal sign your nomination form by May 26th.
- 3) Fill in statistics completely no later than May 26th.
- 4) Mail nomination to: **DAVE RODGERS, ICA Baseball, 107 Flossmar Ct., EAST PEORIA, IL 61611**
Must be received by May 26th or FAX: 309-699-7982
- 5) Selection of the players will be Sunday, May 27th.



7. Must have played IHSA fall or spring baseball this school year.
8. Each baseball coach may nominate up to 4 players with **no more than two from his own team**. Nominate player **for one position only**, or we will use the first position listed.
9. This will be a doubleheader, each a seven inning game, with the re-entry rule in effect. The top vote getters will start the first game and play four innings, then the non-starters will play 3 innings. The top vote getters will again start game 2 and play three innings, the non-starters will then play the final 4 innings. Pitching rotation will be 2-2-2(3) with the top vote getter having the option of starting or finishing.
10. This game will be played using the National Federation rules.

PRACTICE--

The day of the game. (June 23, 2007)

GAME AND PRACTICE EQUIPMENT--

All practice and game equipment must be furnished by the participant, except for catching gear, which will be provided.

MEALS--

Food will be provided for all participants between games.

CONDUCT--

Proper conduct is expected at all times. If the athlete does not comply, he will be sent home.

HEALTH AND SAFETY--

An insurance policy will cover each participant during the course of the practices and the game.

TRANSPORTATION--

Each player and coach must furnish his transportation to and from the game.

NOMINATION DEADLINE--The nomination form on the previous page must be completed and received by Dave Rodgers no later than May 26th, 2007.





ILLINOIS ALL STAR BASEBALL PLAYER NOMINATION FORM



CHECK "REQUIREMENTS FOR NOMINATION" to determine appropriate squad then check correct blank.

_____ East Squad _____ West Squad (See opposite page to determine east or west)

COACHES PLEASE NOTE: You may nominate two players from your school. Please duplicate this form if you wish to submit two nominations. To make this nomination(s) valid your high school principal must sign the form in the designated area. All players must be eligible the entire year and a \$125 Advertisement Fee must be met for the program.

ALL STATISTICS MUST BE COMPLETE! PLEASE INDICATE WHICH POSITION PLAYER IS BEING NOMINATED.

NOMINATIONS MUST BE RETURNED TO DAVE RODGERS, ICA BASEBALL, 107 Flossmar Ct., EAST PEORIA, IL, 61611

PLEASE PRINT:

PLAYER _____
 Last Name First School City Zip

HOME ADDRESS _____
 Street City ZIP Phone #

NOMINATED POSITION: _____ Age _____ HT _____ WT _____ Throws: _____ Bats: _____

HITTING _____
 G AB R H RBI 2B 3B HR SAC SF SB / SBA SO BB B.AVE.

PITCHING _____
 ERA W L SA GS GC APP SHO IP H R ER SO BB HBP WP BK

FIELDING _____ **CATCHERS:** _____
 POS. G PO A E TC F.AVG. TO ATO PB

TEAM RECORD _____ **BASEBALL HONORS** _____

COACH _____
 LAST NAME FIRST SCHOOL YEARS COACHED AT VARSITY LEVEL

SCHOOL ADDRESS _____ PHONE () _____

HOME ADDRESS _____ PHONE () _____

As principal of the high school from which the nominee will graduate thisspring, I certify that he meets the qualifications for participation,

COACHES EMAIL _____ **PRINCIPAL** _____ **SIGNATURE** _____

I HAVE SEEN THESE OUTSTANDING PLAYERS THIS SEASON:

1. _____
 PLAYER POSITION SCHOOL CITY

2. _____
 PLAYER POSITION SCHOOL CITY

IF YOU WISH TO NOMINATE A SECOND PLAYER FROM YOUR SCHOOL, DUPLICATE THIS FORM. PLEASE RETURN-POSTMARKED BY MAY 24th, 2007 TO:

TO: DAVE RODGERS, ICA BASEBALL, 107 FLOSSMAR CT., EAST PEORIA, IL 61611

FAX TO: 309-699-7982 • email address: aj1443@hotmail.com

KEY:

(HITTING) G-GAMES, AB-AT BATS, R-RUNS, H-HITS, RBI-RUNS BATTED IN, 2B-DOUBLES, 3B-TRIPLES, HR-HOME RUNS, SAC-SACRIFICES, SF-SACRIFICE FLYS,

SB-STOLEN BASES, SBA-STOLEN BASES ATTEMPTED, SO-STRIKE OUTS, BB-BASE ON BALLS, B.AVE-BATTING AVERAGE

(PITCHING) ERA-EARNED RUN AVERAGE, W-WINS, L-LOSSES, SA-SAVES, GS-GAMES STARTED, GC-GAMES COMPLETED, APP-APPEARANCES, SHO-SHUTOUTS, IP-INNING

PITCHED, H-HITS R-RUNS, ER-EARNED RUNS, SO-STRIKE OUTS, BB-BASE ON BALLS, HBP-HIT BY PITCH, WP-WILD PITCH, BK-BALK

(FIELDING) POS-POSITION, G-GAMES, PO-PUT OUTS, A-ASSISTS, E-ERRORS, TC-TOTAL CHANCES, F.AVG-FIELDING AVERAGE,

(CATCHERS) TO-THROW OUTS, ATO-ATTEMPTED THROW OUTS, PB PASSED BALL

