TEAM INFORMATION SHEET

(PLEASE TYPE OR PRINT CLEARLY)

RETURNING TEAM, RETURNING TEAM WITH NEW NAME OR NEW TEAM? (Circle One)

TEAM NAME: _____ Requested Div.: _____

Home Jersey Color: _____ Alternate Jersey Color: _____

Preferred HOME Field: _____Alternate field: _____

SPECIFIC SCHEDULING REQUESTS: **9AM GAMES ?** YES NO (Circle One)

Please note any Sundays that you cannot play, preferred playing times, and/or any other conflicts you might have with an ALL Sunday schedule. **NOTE:** There is a fee of $75 for postponements of Sunday games-MUST BE REQUESTED AT TEAM REGISTRATION.

_____

_____

_____

_____

While every effort is made to honor each request, field availability, weather, etc may affect your request.

Please mark the two weeknights that are best suited to your team in the event any midweek games are required.

(1) First Preference (circle one)

Mon. Tues. Wed. Thurs. Fri.

(2) Second Preference (circle one)

Mon. Tues. Wed. Thurs. Fri.

Captain/Coach: _____ D.O.B. _____

Mailing Address: _____

City/Zip: _____ Email:_____

Primary Phone: _____ Secondary Phone: _____

Landline or Cell? (circle one) Landline or Cell? (circle one)

ALTERNATE CONTACTS: Person(s) to contact in the event Capt/Coach cannot be reached:

NAME: _____ Primary Phone: _____

Secondary Phone: _____ Email Address: _____

NAME: _____ Primary Phone: _____

Secondary Phone: _____ Email Address: _____