

COACHES SHEET

1 PER TEAM

CHECK ONE:

<input type="checkbox"/>	<input type="checkbox"/>	10-UNDER	<input type="checkbox"/>	<input type="checkbox"/>	12-UNDER
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Desired Division: 12-Under <u>Only</u>:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
	A= ALL AGE 11	B=SOME AGE 11, SOME AGE 12	C=ALL AGE 12	
Team Name:				
Charter Name:				
Coach Name:				
Coach Phone:				
Home Field:				
Home Field Shared with the following teams: (other League Teams)				
Home Field UNAVAILABLE: for example: 05/25/02 or Thursday or 5/6 – 5/9				
NO PLAY DATES: (Only 2 Accepted:)				
		1)	2)	
No Play Dates:	Date:	Reason:		

Coach Signature: _____ Date: _____

Charter Rep Signature: _____ Date: _____