Team/Coaches/Equipment - Information Sheet

Team Name/# (as noted on coach's folder): _____

Division (circle): Boys Girls

Grade (circle): 2 3 4 5 6 7 8 9 10 11 12

Team Player Count:_____ Sizes: S_____ M_____ L_____ XL_____ XXL_____

Coach Name _____

Address _____

City, State, Zip _____

Telephone No. (Home) _____ (Work) _____

E-mail _____

Assistant Coach Name_____

Address _____

City, State, Zip _____

Telephone No. (Home) _____ (Work) _____

E-mail _____

Equipment:

(All leagues) Medical Kit: _____(Coach Initials)

(All leagues) Jerseys: _____(Coach Initials) Jersey Color: _____ (Elem. Only)

(Jr./Sr. leagues only) Shorts: _____(Coach Initials)

(Jr./Sr. leagues only) Scorebook: _____(Coach Initials)

(Jr./Sr. leagues only) Balls/Bag: _____(Coach Initials)

Deposit Paid (Jr./Sr. High): Check #_____ Amount:_____ Date:_____

Forms Collected (All leagues): Coach Background Check ☐ Coach Code of Conduct ☐