



TEAM REGISTRATION FORM

ONE TEAM PER FORM

Season: FALL Year: 2020 Sport: YOUTH WRESTLING

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Commissioner: _____
E-Mail: _____ Phone: _____

TEAM INFORMATION (MUST legibility complete a registration form for each team)

Level of Play: A B Please indicate one
Team Name: _____
Site for Home Matches _____
Availability _____

HEAD COACH INFORMATION (MUST legibility complete a registration form for each team)

Coach Name: _____
Street Address: _____ Date of Background: _____
City/State/Zip Code: _____
Primary Phone: _____ Alternate Phone: _____
E-Mail address: _____

ASSISTANT COACH INFORMATION If you have more than four (4) assistants please use an additional page and list all with date of background.

| | | |
|-------------------|---------------------------|--------------|
| Coach Name: _____ | Date of Background: _____ | Phone: _____ |
| Coach Name: _____ | Date of Background: _____ | Phone: _____ |
| Coach Name: _____ | Date of Background: _____ | Phone: _____ |
| Coach Name: _____ | Date of Background: _____ | Phone: _____ |

TEAM NOTES: *Scheduling Special Requests*

RECREATION & PARKS USE ONLY

FEE PAID: _____ CHECK #: _____ RECEIPT # _____