

SUN COUNTY SOCCER LEAGUE

TEAM INFORMATION - ONE form per Team

CLUB NAME: _____

TEAM NAME: _____

DIVISION: _____

COACH

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

ASSISTANT COACHES:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

ASSISTANT COACHES:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

**** for additional Coaches/Trainers/Managers add information under additional information on page 2**

SHIRT COLOUR: _____

