

TEAM CONTACT SHEET

Club Name: _____
(IE: SCSA)

Team Name: _____
(IE: 04 RED)

Age Group & Gender: _____
(IE: UXX and G or B)

Coach Name: _____

Cell Phone: _____

Secondary Contact/Manager: _____

Cell Phone: _____

In compliance with Indiana Youth Soccer/US Youth Soccer, we confirm that we have individual medical releases for each player attending the tournament and will have them on-site.

Signature

Date

Position