



## TEAM CONTACT INFORMATION 2009

**TEAM NAME:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Coach Phone #:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Manager's Phone #:** \_\_\_\_\_

**Age Group:** \_\_\_\_\_

**Each Team must provide the following information at the registration meeting.**

- Team Contact Information
- Original 2009-2010 Team Roster
- Two Copies of 2009-2010 Team Roster
- 2009-2010 Player passes
- Guest Player passes must be signed and names and numbers added to copies of roster
- A signed medical release form for each player
- Permission to travel form if outside Region one
- Each team is required to have rosters, player passes and medical release forms at each game.