



# NATIONAL YOUTH SPORTS TEAM INFORMATION

This sheet must be turned in after the meeting. *(Please do not take sheet with you!)*

**Area:** TXSA    **Team Number:** \_\_\_\_\_    **Team Name:** \_\_\_\_\_

**HEAD COACH:** (full name): \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Valid Email (required): \_\_\_\_\_

**ASSISTANT COACH #1:** (full name): \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Valid Email (required): \_\_\_\_\_

**ASSISTANT COACH #2:** (full name): \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Valid Email (required): \_\_\_\_\_

**TEAM PARENT:** (full name): \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Valid Email (required): \_\_\_\_\_

**PRACTICE INFORMATION:** *NYS does NOT guarantee practice fields.*

Location: \_\_\_\_\_

Cross Streets: \_\_\_\_\_

Days/Times

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY