



TEAM INFORMATION SHEET

Team Name in Registration System:

Home League:

Age of Team: U.....

Male / Female (please circle)

Head Coach information (please Print)

Name:

Email:

Cell Phone:

Mailing Address:

..... ZipCode:

Asst Coach information (please Print)

Name:

Email:

Cell Phone:

Dates Team Unavailable to play: (please enter dates of weekends designated as League Play dates)

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Please return this form to District VII Office, 4285 N. First St., Fresno, CA 93726

Fax: 559-227-CYSA(2972)

Email:cysad7office@gmail.com