

LAKE HIGHLANDS SOCCER ASSOCIATION

Team Information Sheet

Team Name: _____ Age/Gender Group: _____ Division: _____

Jersey Color: _____ Home
Assoc.: LHSA

Coach Name: _____ Home Number: _____
Spouse Name: _____ Work Number: _____
Address: _____ Mobile Number: _____
_____ Fax Number: _____
_____ E-mail: _____

Asst. Coach Name: _____ Home Number: _____
Spouse Name: _____ Work Number: _____
Address: _____ Mobile Number: _____
_____ Fax Number: _____
_____ E-mail: _____

Manager Name: _____ Home Number: _____
Spouse Name: _____ Work Number: _____
Address: _____ Mobile Number: _____
_____ Fax Number: _____
_____ E-mail: _____

CONFLICTS/SCHEDULING REQUESTS:

For Fall Season (2 days – not weekends – may be requested including Tournaments):

1. _____
2. _____

For Spring Season (7 consecutive day period may be requested):

From _____ through _____

List any applicable Religious Holidays:

Coach's other team: _____

Typical Practice night: _____