

**RECREATIONAL INTERLEAGUE ASSOCIATION OF DALLAS**

**Team Information Sheet**

Team Name: \_\_\_\_\_ Age/Gender Group: \_\_\_\_\_ Division: \_\_\_\_\_

Jersey Color: \_\_\_\_\_ Home Assoc.: \_\_\_\_\_

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 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: \_\_\_\_\_