

For office use only:

SS	STF	GS	F	B

## TEAM REPRESENTATIVE FORM

(September 2023)



This form is to help ensure accurate information for MTsc & US Club.

**Must be fully completed & turned in to receive coaches badge**



EMAIL COMPLETED PDF FORM TO **MTSCDOCUMENTS@ATT.NET**

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

TEAM AGE DIVISION: \_\_\_\_\_ TEAM GENDER: M OR F

TODAY'S DATE: \_\_\_\_\_

COACHING MULTIPLE TEAMS? Y or N OTHER TEAM AGE/NAME/GENDER: \_\_\_\_\_

HEAD COACH – FULL LEGAL NAME (for background check): \_\_\_\_\_

HEAD COACH GOES BY NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: M F

PHONE # (s): \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ASSISTANT COACH – FULL LEGAL NAME (for background check): \_\_\_\_\_

ASSISTANT COACH GOES BY NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: M F

PHONE # (s): \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEAM PARENT (Mom or Dad): \_\_\_\_\_

PHONE # (s): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**NOTE:** Field Safety rep is required. This is usually a coach or asst. coach that will check your field & goals prior to the start of your game.

FIELD SAFETY REPRESENTATIVE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_