



# Coastal Valley Soccer Club Team Information Sheet

20\_\_\_\_ - 20\_\_\_\_ SEASONAL YEAR

TEAM NAME: CVSC ☐ Boys ☐ Girls U-\_\_\_\_\_

*List name as it will be listed with CalSouth and appear on all CVSC documents*

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

List a minimum of two (2) separate contacts

## HEAD COACH:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text? Y N

Mailing Address \_\_\_\_\_

City & Zip \_\_\_\_\_

☐ Live Scan Complete ☐ Licensing Course Complete PAID COACH? ☐ Y ☐ N AMOUNT: \$ \_\_\_\_\_

## ASSISTANT COACH:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text? Y N

Mailing Address \_\_\_\_\_

City & Zip \_\_\_\_\_

☐ Live Scan Complete ☐ Licensing Course Complete PAID COACH? ☐ Y ☐ N AMOUNT: \$ \_\_\_\_\_

## TEAM MANAGER:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text? Y N

Mailing Address \_\_\_\_\_

City & Zip \_\_\_\_\_

☐ Live Scan Complete

## TEAM TREASURER:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text? Y N

Mailing Address \_\_\_\_\_

City & Zip \_\_\_\_\_

☐ Live Scan Complete

## TEAM BANKING INFORMATION:

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_ Address \_\_\_\_\_

City & Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Signers on Account \_\_\_\_\_

I have received and agree to abide by all CVSC rules, CVSC Bylaws, CYSA-South Rules and Regulations, USSF or FIFA and to submit all paperwork in a timely manner.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_