

## Coastal Valley Soccer Club **Team Information Sheet**

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

TEAM MANE OVO			
TEAM NAME: CVSC	Boys [	Girls U	
List name as it will be i	listed with CalSouth and appear on all CVSC documents		
Departing Lauretians	•		
Practice Location:		-	
Lista	minimum of two (2) separate contacts		
	minimum or two (2) coparate contacts		
HEAD COACH:			
Name			
Phone	Cell	Text? Y	N
City & Zip			
☐ Live Scan Complete ☐Li	icensing Course Complete PAID COACH? IY IN	AMOUNT: \$	
ASSISTANT COACH:			
Phone	Cell	Text? Y	N
	icensing Course Complete PAID COACH?	AMOUNT: \$	
TEAM MANAGER:	•		
	Cell		
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☐ Live Scan Complete			
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TEAM TREASURER:			
	Cell		M
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TEAM BANKING INFORMATIO	OM:		
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	Phone #		
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I have received and agree to abide by a and to submit all paperwork in a timely	all CVSC rules, CVSC Bylaws, CYSA-South Rules and Remanner.	egulations, USSF or F	IFA
Signature	Title	Date	
Signature	Title	Date	