

Information required for Online Team Registration

Membership Name _____ Number _____
 Problem _____ Div _____

Coach's Information	
First name	
Last name	
Street	
Street 2	(Not required)
City, State, Zip	
Home Phone	
Email	
School's Information	
School name	
School district	(Not required)
Street	
Street 2	(Not required)
City, State, Zip	
Coordinator	
Phone	
E-mail	

For additional coaches the name is required and all other fields are optional.

Team Members				
	First Name	Last Name	School	Grade
1				
2				
3				
4				
5				
6				
7				

A registration confirmation email with a team login and password will be sent to the school coordinator and coach. Please take care to enter correct email addresses.