

Season

Enter Season

Send data sheets to your Section Representative. Your section representative will submit all the information to the League Director.



School	Name:																												
	Address:																												
	Phone:	Website:																											
	Email:																												⅃
Athletic Director	Name:																												
	Address:																												_
	Phones:	Home:							_ W	ork:										Cell:	_								
	Email:									1_												1				<u> </u>			
Varsity	Name:																												
Head Coach	Address:																												
	Phones:	Home:							W	ork:										Cell:									
	Email:																												1
JV Head Coach	Name:																												_
	Address:																												
	Phones:	Home:							_ W	ork:										Cell:									
	Email:																												_
Varsity Assistant Coach	Name:																												_
	Phones:	Home:							W	ork:	_								(Cell:									
	Email:																												1
JV Assistant Coach	Name:															_													
	Phones:	s: Home:								Work:									Cell:										
	Email:																												1
Home Gym	Ho	me Gym: Phone:																											
	Gym	Gym Address:																											
D	ay's Home	Gym is a	vaila	ble :																									
	Starting 1	ime for G	ame	es:	Varsit	y:											JV:	:											_

Important: Talk with your school and team and list on the back of this sheet any dates your team cannot play a game during this season.

Authorized Signature: (Pastor, Principal, Coach)