



Enter Year



School

Name: _____

Address: _____

Phone: _____ Website: _____

Email: _____

**Athletic
Director**

Name: _____

Address: _____

Phones: Home: _____ Work: _____ Cell: _____

[illegible]

**Varsity
Head
Coach**

Name: _____

Address: _____

Phones: Home: _____ Work: _____ Cell: _____

Email: _____

**JV
Head
Coach**

Name: _____

Address: _____

Phones: Home: _____ Work: _____ Cell: _____

Email: _____

**Varsity
Assistant
Coach**

Name: _____

Phones: Home: _____ Work: _____ Cell: _____

[illegible]

**JV
Assistant
Coach**

Name: _____

Phones: Home: _____ Work: _____ Cell: _____

[illegible]

Home Gym

Home Gym: _____ Phone: _____

Phone: _____

Gym Address:

Day's Home Gym is available : _____

Starting Time for Games: Varsity: _____ 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)

The League Coordinator must have this information before issuing schedules!