



TEAM REPRESENTATIVE FORM

(November 2018)

This form is to help ensure accurate information for MTsc U records.



MTsc U REQUIRES ALL OF THESE REPRESENTATIVES

Must be fully completed & turned in to receive game schedule

EMAIL COMPLETED FORM TO MTSCDOCUMENTS@ATT.NET

TEAM NAME: _____

TEAM AGE DIVISION: _____ TEAM GENDER: M OR F

TODAY'S DATE: _____

COACHING MULTIPLE TEAMS? Y or N OTHER TEAM AGE/NAME: _____

HEAD COACH – FULL LEGAL NAME (for background check): _____

HEAD COACH GOES BY NAME: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE # (s): _____

E-MAIL ADDRESS: _____

ASSISTANT COACH – FULL LEGAL NAME (for background check): _____

ASSISTANT COACH GOES BY NAME: _____

PHONE # (s): _____

E-MAIL ADDRESS: _____

TEAM PARENT (Mom or Dad): _____

PHONE # (s): _____

E-MAIL ADDRESS: _____

NOTE: Field Safety rep is required. This is usually a coach or asst. coach that will check your field & goals prior to the start of your game.

FIELD SAFETY REPRESENTATIVE: _____

PHONE #: _____ EMAIL: _____