

# SCSA TEAM CONTACT INFORMATION

REVISED June 2016

SEASON: \_\_\_\_\_

**If you are a club and/or have more than 3 teams, please let SCSA know as we will complete one document for all connected teams. No need to fill out separate Contact forms for each team.**

TEAM NAME: \_\_\_\_\_

ROSTER AGE: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

1<sup>ST</sup> CONTACT \_\_\_\_\_

(Position on Team: \_\_\_\_\_ )

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

2<sup>ND</sup> CONTACT \_\_\_\_\_

(Position on Team: \_\_\_\_\_ )

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

3<sup>RD</sup> CONTACT \_\_\_\_\_

(Position on Team: \_\_\_\_\_ )

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

- *PLEASE LIST ALL OF YOUR PRACTICE LOCATIONS. THESE LOCATIONS WILL BE TURNED IN TO KYS FOR INSURANCE PURPOSES. FAILURE TO PROVIDE **COMPLETE** INFORMATION WILL VOID SCSA RESPONSIBILITY TO FORWARD TO KANSAS YOUTH SOCCER..*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(LOCATION) (ADDRESS) (CITY) (ZIP)  
\_\_\_\_\_  
(OWNER)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(LOCATION) (ADDRESS) (CITY) (ZIP)  
\_\_\_\_\_  
(OWNER)