

Team Fact Sheet – Cleburne Soccer Association

Team Name: _____ Age Group: _____ Girls or Boys
(Cannot change team name from fall to spring)

Coaches Name: _____
Home Phone #: _____ Cell Phone #: _____
Email address: _____
Address: _____
City, State, Zip: _____

Assistant Coaches Name: _____
Home Phone #: _____ Cell Phone #: _____
Email address: _____
Address: _____
City, State, Zip: _____

Assistant Coaches Name: _____
Home Phone #: _____ Cell Phone #: _____
Email address: _____
Address: _____
City, State, Zip: _____

(Coach plus two assistant coaches will be allowed on each team)

Returning team or New team (circle One)

Last Season Division: _____ Record Wins _____ Losses _____ Ties _____

What division do you prefer this season (doesn't mean that is where you will be placed) _____

All games will try to be set up on Saturday but due to certain situations and field availability, some games will have to be played on Sundays or weekdays. Please list two other days you can play.

First Choice: _____ Second Choice: _____

Please list Tournaments you will be attending: You are allowed no more than two weekends scheduled off.

Tournament Name: _____ Date: _____

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Coaching More than one Team? Yes / No

If Yes: Age Group: _____ Team Name: _____

If Yes: Age Group: _____ Team Name: _____

If Yes: Age Group: _____ Team Name: _____