

BACH SOCCER MIDDLE SCHOOL LEAGUE

TEAM NOTIFICATION

Email Team Notification to office@bachsoccer.com

Spring February 15 / Fall June 15

TEAM INFO

Team Name: _____ Season: Spring Fall
Team: Boys Girls Team Color: _____ New Team: Yes No
Grades of players: 4 5 6 7 8

COACH INFO

Name: _____
Address, City, Zip: _____
Cell: _____ Home: _____ Work: _____
Email: _____
Coaching License: _____ Certificate No.: _____

CONTACT INFO (If different from coach)

Name: _____
Address, City, Zip: _____
Cell: _____ Home: _____ Work: _____
Email: _____

CONTACT ON SCHEDULE (Must Complete)

Name: _____ Phone: _____
Email: _____

HOME FIELD

Name: _____ Number of Fields: _____
Address, City, Zip: _____

COMMENTS
