



**2011 - 2012
TEAM REGISTRATION FORM**

WAHSET District: _____ Date Form Completed: _____

HIGH SCHOOL INFORMATION

High School Name: _____

High School Address: _____

High School Phone Number: _____

Activity Director Name: _____ Phone Number: _____

Contact Person: _____ Phone Number: _____

School's participation level (check one): Sport Club/Activity

For new teams only, enter signature of High School Administrator approving team participation:

Signature: _____

Printed Name: _____

TEAM ADVISOR(S) AND COACH(ES) INFORMATION

Head Advisor's Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____

Assistant Advisor's Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____

Head Coach's Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____

Other Name: _____ Position: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____