



TEAM INFORMATION SHEET

TEAM NAME	AGE LEVEL
COACH	CELL
MANAGER	CELL

CHECK BOX	REQUIRED
Current Year Player Passes <input type="checkbox"/>	By checking this box you understand, confirm and agree that you have current/valid USYSA/US CLUB player passes for each player including guest players, and coaches at every game.
Medical Releases <input type="checkbox"/>	By checking this box you understand, confirm and agree that you have medical releases for every player including guest players participating in the tournament, and that you will have these available at every game during the tournament. NOTE: Medical release forms for Missouri teams no longer are required to be notarized.

REQUIRED FOR ALL OUT OF AREA TEAMS.

WE ARE A STAY TO PLAY TOURNAMENT

NAME OF APPROVED HOTEL –	PHONE
ROOMS FRIDAY	ROOMS SATURDAY

Person completing the form

NAME	DATE
SIGNATURE	