



2015 COACH INFORMATION AND SIGN OFF SHEET

TEAM NAME _____

HEAD COACH _____

CELL PHONE _____

EMAIL ADDRESS (IF APPLICABLE) _____

DIVISION – CIRCLE ONE **TBALL** **COACH PITCH**

PLEASE INITIAL UPON REVIEW AND RECEIVING:

COACHES PACKET

TEAM ROSTER

RULE BOOK

BACKGROUND CHECK

PRACTICE SCHEDULE

SPONSORSHIP FEE PAID

FIELD WORK DAY

WEBSITE

MEMORIAL DAY TOURNAMENT INFORMATION

ENERGY FEST

OPEN TOURNAMENTS