

First game complex \_\_\_\_\_ Bracket \_\_\_\_\_

# TEAM CHECK IN SHEET

Each team must fill out this form completely.

**Age Group:**

**Team Name:**

*Jersey color:*

**Association:**

**Contact Person:**

**Local Phone Number:**

**Alternate Contact Person:**

**Local Phone Number:**

*Picked up new schedule:* \_\_\_\_\_

*Please make sure all information is complete and correct.*

FOR OFFICE USE ONLY

- \_\_\_\_\_ COMPLETED TEAM CHECK IN SHEET
  - \_\_\_\_\_ COPY OF ROSTER SIGNED BY THE REGISTRAR AND COACH
  - \_\_\_\_\_ COACH'S USYSA IDENTIFICATION CARD
  - \_\_\_\_\_ SIX COPIES OF MISCONDUCT GAME REPORT COMPLETED WITH PLAYERS' INFORMATION **(ALPHABETIZED)**
  - \_\_\_\_\_ MEDICAL RELEASES NOTARIZED FOR EACH PLAYER
  - \_\_\_\_\_ GIVE COACH NEW SCHEDULE
  - \_\_\_\_\_ GIVE COACHES PACKET
- CHECK IN BY \_\_\_\_\_