

**YMCA OF ARLINGTON
2010 FALL SOCCER INTENT TO COACH FORM**

YES, I WILL COACH A 2010 FALL SOCCER TEAM. (FILL OUT FORM BELOW)

NO, I CANNOT COACH. _____
Name (only if you **CANNOT** coach) Phone Number

PLEASE LIST ONLY THE PLAYERS THAT YOU HAVE CONFIRMED WITH.
THE YMCA WILL ASSIST IN FILLING OUT ROSTERS WHERE NEEDED.

1 _____	8 _____
2 _____	9 _____
3 _____	10 _____
4 _____	11 _____
5 _____	12 _____
6 _____	13 _____
7 _____	14 _____

ROSTER LIMITS

M.T.-K: 10 PLAYERS

1st & 2nd grade: 12 PLAYERS

3rd – 8th grade: 14 PLAYERS

DIVISION: (circle appropriate division)

BOYS: M.T. K 1st 2nd 3rd & 4th 5th & 6th 7th & 8th

GIRLS: M.T. K 1st 2nd 3rd & 4th 5th & 6th 7th & 8th

NAME: _____ DATE: _____

HOME ADDRESS: _____ ZIPCODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE TO:

**SPORTS DEPARTMENT
YMCA OF ARLINGTON
2200 SOUTH DAVIS
ARLINGTON, TEXAS 76013**

**SPORTS LINE 817.801.1400
FAX LINE 817.277.4719
EMAIL markb@ymca-arlington.org**

NOTE: IF A CHILD HAS NOT SIGNED UP BY THE REGISTRATION DEADLINE THEIR CHANCES OF BEING ON YOUR TEAM ARE GREATLY REDUCED.