

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

**YES**, I WILL COACH A 2010 SPRING 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**

**1<sup>st</sup> & 2<sup>nd</sup> grade: 12 PLAYERS**

**3<sup>rd</sup> – 8<sup>th</sup> grade: 14 PLAYERS**

**DIVISION:** (circle appropriate division)

**BOYS:** M.T. K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> & 4<sup>th</sup> 5<sup>th</sup> & 6<sup>th</sup> 7<sup>th</sup> & 8<sup>th</sup>

**GIRLS:** M.T. K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> & 4<sup>th</sup> 5<sup>th</sup> & 6<sup>th</sup> 7<sup>th</sup> & 8<sup>th</sup>

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](mailto: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.