

Coastal Georgia Soccer Association
Coaches Form

Please submit to the CGSA office by deadline

Team Name: _____ Age/Gender of Team: _____
(U8 Boy, U10 Girl, etc.)

Head Coach: _____ Address: _____
Day Phone: _____ Evening Phone: _____
Fax #: _____ Other Contact #: _____
E-mail Address: _____
(We will be using this communication network frequently)

Asst. Coach: _____ Address: _____
Day Phone: _____ Evening Phone: _____
Fax #: _____ Other Contact #: _____
E-mail Address: _____
(We will be using this communication network frequently)

Team Manager: _____ Address: _____
Day Phone: _____ Evening Phone: _____
Fax #: _____ Other Contact #: _____
E-mail Address: _____
(We will be using this communication network frequently)

Practice Field:
(Please list 1st, 2nd, 3rd choice; Note: Most evenings games will be played on the Complex, so field availability for practice there will be very limited, please consider alternate sites remembering the time change in the fall.)

1st choice: _____
2nd choice: _____
3rd choice: _____

Practice Day:
(Please list 1st, 2nd, 3rd choice)

1st choice: _____
2nd choice: _____
3rd choice: _____

Practice Time:
(Please list 1st, 2nd, 3rd choice)

1st choice: _____
2nd choice: _____
3rd choice: _____

"No Play Date" Requests:
(Please try to make these requests as accurate and reasonable as possible)

