

TARSA

Tampa Area Recreational Scheduling Association

TEAM APPLICATION

2009-2010

AGE GROUP: (Circle one)

CO-ED:

u10 u12 u14 u16 u19

ALL GIRLS

u10 u12 u14 u16 u19

TEAM NAME: _____

TEAM CODE: __ - ___ - ___
District Club Team #

TEAM COLORS: JERSEY: _____ SHORTS: _____

CLUB AFFILIATION: _____

HEAD COACH: _____

ADDRESS: _____

Phone (Day): _____

Phone (Eve): _____

E-mail: _____

Fax: _____

Mail team application(s), along with a Club check (payable to TARSA) in the amount of \$50 (per team):

TARSA
18909 Edinborough Way
Tampa, FL 33647-1844