

# NATIONAL INDOOR SOCCER CHAMPIONSHIP

## Team Contact Sheet

Team Name: \_\_\_\_\_

Age/Division: \_\_\_\_\_

Boys

Girls

Coach Name: \_\_\_\_\_

Coach Cell #: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Cell #: \_\_\_\_\_

What indoor facility does your team play at? \_\_\_\_\_

How did you hear about this tournament? \_\_\_\_\_

What hotel is your team staying at? \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

**NATIONAL INDOOR  
CHAMPIONSHIP**



**THE ONLY ONE TO WIN**