



TEAM REQUEST FORM

Age Group <small>(check one)</small>	<input type="checkbox"/> K & 1st	<input type="checkbox"/> 2nd & 3rd	<input type="checkbox"/> 4th & 5th	<input type="checkbox"/> 6th, 7th & 8th
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Are you a returning team from last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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***Head Coach**

Name: _____

Address: _____

Primary Phone: _____ **Secondary Phone:** _____

Email: _____

***Assistant Coach**

Name: _____

Address: _____

Primary Phone: _____ **Secondary Phone:** _____

Email: _____

	**Player's Name Please Print or Type	School	Additional Notes Office Use Only
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

* To enter as a team a Coach is required. **Coaches must complete a volunteer application and background check.** Forms are available at teamsideline.com/lincolnne in the "Downloads" section under "Forms". All Players must register individually at www.teamsideline.com/lincolnne or by paper registration form. **Being listed on this form DOES NOT constitute registration.**

**Teams should consist of ten (10) players. Additional players from the same school or geographic area may be added to teams with less than 10. In special cases more than 10 players will be permitted on a team.

Official Use Only:	Team Names	Spc Request
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