

TEAM REQUEST FORM

Age Group (circle one)	K &1st	2nd & 3rd	4th & 5th	6th, 7th & 8th		Are you a return year?	ning team from last	Yes	No
*Head Coach Name:					*#	sst. Coach			
Address:						Address:			
Primary Phone:			Secondary Phone:			Primary Phone:		Secondary Phone:	
Email:						Email:			
	**Player Please Pri				Scho	ool	Reg. form Attached		tional Notes fice Use Only
1							ΥN		
2							ΥN		
3							ΥN		
4							ΥN		
5							ΥN		
6							ΥN		
7							ΥN		
8							ΥN		
9							ΥN		
0							ΥN		
1							ΥN		
2							Y N		

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

Official Use Only:	Team	Gym/Field	Spcl
Official OSC Offiy.	Name	Sylli/i leid	Request

^{*} 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.**