

# JERSEY AREA GIRLS SOCCER (JAGS)

## Age Coordinator Registration Form

2011-2012

<b>Age Group:</b>	U-
<b>Club Name:</b>	
<b>Team Name:</b>	
<b>Primary Contact Name:</b>	
<b>Primary Contact Role:</b>	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager <input type="checkbox"/> Team Parent <input type="checkbox"/> Other:
<b>Primary Contact Address:</b>	
<b>Primary Contact EMAIL:</b>	
<b>Primary Contact HOME Phone:</b>	
<b>Primary Contact CELL Phone:</b>	
<b>Secondary Contact Name:</b>	
<b>Secondary Contact Role:</b>	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager <input type="checkbox"/> Team Parent <input type="checkbox"/> Other:
<b>Secondary Contact Address:</b>	
<b>Secondary Contact EMAIL:</b>	
<b>Secondary Contact HOME Phone:</b>	
<b>Secondary Contact CELL Phone:</b>	
<b>Preferred Game Days</b>	<input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Both/Either
<b>Scheduling Information:</b> List confirmed tournament dates or other dates including religious events that your team would not be available to play JAGS league games*	

Please note each team must complete this form for the age bracket coordinator.