



SITE: _____ SEASON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TEAM NAME (if more than one team at this site): _____

EXACT Location of this team meeting location (if more than one team at this site)

SITE CONTACT:

SITE CONTACT'S NAME: _____ TITLE/ROLE _____

PHONE #(Required): _____ (Must be a number available during class meeting time)

EMAIL (REQUIRED): _____

Days per week and the time the participants will meet for 1 ½ hours* per day.

Days: _____ Time (i.e., 3-4:30 pm) _____

LIST ALL COACHES – CONTACT GOTR STAFF WITH ANY CHANGES DURING THE SEASON.

HEAD COACH: _____

Phone # _____ Email: _____

ASSISTANT COACH: _____

Phone # _____ Email: _____

SUBSTITUTE COACH: _____

Phone # _____ Email: _____

Important Dates: Please include fire drills, holiday closures or other dates that may involve class time.

A copy of this form will be provided to the host site and all coaches.