



2008 Kirk Banks Tournament

American Youth Soccer Organization
Section 7 (Hawaii)
Team Information Form

Due: February 9, 2008

Please Type or Print Legibly

Team Information

Region Number: _____ Region Name: _____

Team Number*: _____ Team Name*: _____

* Assigned by KBT Registrar – if you don't already have this information, please contact your Regional Commissioner or Region Tournament Coordinator.

Primary Uniform Colors:

Jersey: _____ Shorts: _____ Socks: _____

Head Coach *(Must be a current registered Volunteer in eAYSO; Fill in Name ONLY; complete other information only if different from information provided on Application/Commitment Form)*

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City ST Zip: _____ Best Phone: _____

Email: _____

Assistant Coach *(Must be a current registered Volunteer in eAYSO AND on eAYSO team roster)*

Name: _____ Best Phone: _____

Email: _____

Alternate Contact Person *(Other than Coaches listed above)*

Name: _____ Best Phone**: _____

Email: _____

** For emergency use only during Tournament.

VIP Coordinator

Name: _____ Best Phone: _____

Address: _____ City ST Zip: _____

Email: _____

Additional Comments: _____

Referee Team *(U10 & U12 Divisions ONLY; U14 Division & Up must complete separate Referee Form)*

Team is unable to provide a Referee Team & understands that the Referee Deposit is forfeited.

Referee Name: _____ Best Phone: _____

Email: _____ Referee Badge Level: _____

AR Name1: _____ Best Phone: _____

AR Name2: _____ Best Phone: _____