



Southside Catholic Conference

2017 TEAM ENTRANCE FORM

MEMBER
SCHOOL: _____

COORDINATOR
NAME: _____

COORDINATOR
PHONE #: _____

COORDINATOR
EMAIL: _____

8TH GRADE

8TH GRADE RED DIVISION: _____ # OF TEAMS

COACH: _____ CELL PHONE #: _____ EMAIL: _____

COACH: _____ CELL PHONE #: _____ EMAIL: _____

8TH GRADE WHITE DIVISION: _____ # OF TEAMS

COACH: _____ CELL PHONE #: _____ EMAIL: _____

COACH: _____ CELL PHONE #: _____ EMAIL: _____

7TH GRADE

7TH GRADE RED DIVISION: _____ # OF TEAMS

COACH: _____ CELL PHONE #: _____ EMAIL: _____

COACH: _____ CELL PHONE #: _____ EMAIL: _____

7TH GRADE WHITE DIVISION: _____ # OF TEAMS

COACH: _____ CELL PHONE #: _____ EMAIL: _____

COACH: _____ CELL PHONE #: _____ EMAIL: _____

6TH GRADE

6TH GRADE RED DIVISION: _____ # OF TEAMS

COACH: _____ CELL PHONE #: _____ EMAIL: _____

COACH: _____ CELL PHONE #: _____ EMAIL: _____

6TH GRADE WHITE DIVISION: _____ # OF TEAMS

COACH: _____ CELL PHONE #: _____ EMAIL: _____

COACH: _____ CELL PHONE #: _____ EMAIL: _____

5TH GRADE

5TH GRADE DIVISION:

OF TEAMS

COACH:

CELL PHONE #:

EMAIL:

COACH:

CELL PHONE #:

EMAIL:

COACH:

CELL PHONE #:

EMAIL:

COACH:

CELL PHONE #:

EMAIL:
