



Traverse Bay Area Youth Soccer

**TBAYS TEAM PROFILE FORM
Fall 2005**

Team Name _____

Age Group _____ Boys Girls (please circle one)

Coach _____ Phone _____ /wk _____

Address _____ Fax _____

City _____ Zip _____ E-Mail _____

Asst. Coach _____ Phone _____ /wk _____

Address _____ Fax _____

City _____ Zip _____ E-Mail _____

Manager _____ Phone _____ /wk _____

Address _____ Fax _____

City _____ Zip _____ E-Mail _____