



WISCONSIN YOUTH SOCCER STATE CHAMPIONSHIPS  
Team Information Form



Team Name: \_\_\_\_\_ Age Division: \_\_\_\_\_

Club: \_\_\_\_\_ Boys Girls

**Coach Name:** \_\_\_\_\_

While participating in the Wisconsin Youth State Championships, I will be lodging at:

Hotel/Motel: \_\_\_\_\_

Hotel Phone: \_\_\_\_\_ Room Number: \_\_\_\_\_

Name Room Reservation is under: \_\_\_\_\_

Coach Cell Phone: \_\_\_\_\_

**Assistant Coach/Manager Name:** \_\_\_\_\_

While participating in the Wisconsin Youth State Championships, I will be lodging at:

Hotel/Motel: \_\_\_\_\_

Hotel Phone: \_\_\_\_\_ Room Number: \_\_\_\_\_

Name Room Reservation is under: \_\_\_\_\_

Assistant Coach/Manager Cell Phone: \_\_\_\_\_

**Our Team** will be lodging at: \_\_\_\_\_

Hotel Phone: \_\_\_\_\_

Manager/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Team Information Form MUST be filled out in its entirety and signed by the Coach/Manager. It is to be turned in to a Wisconsin Youth Soccer State Championships Committee Member prior to the first scheduled State Championships Match.