Team:	Division:	
Head Coach:		
ACE #:	Birthdate:	Zip Code:
Email:		
Name & Title(Asst Co	ach, manager, etc.):	
ACE #:	Birthdate:	Zip Code:
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Name & Title(Asst Co	ach, manager, etc.):	
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Email:	EACH ach, manager, etc.): Birthdate: ach, manager, etc.): Birthdate: ach, manager, etc.): Birthdate: Birthdate: Birthdate:	Zip Code: Zip Code: Zip Code:

** Each team MUST HAVE a female coach/assistant coach OR a parent that is ACE certified & Safe Sport trained. This individual must be at all practices and games.