

El Paso County Sportspark

1780 N. Zaragoza, El Paso, TX 79936 - (915) 273-3165
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2024 Spring Season – Coach’s Registration Form

Team Name: _____	Age Group/Division: _____
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Head Coach _____	E-mail Address (please print neatly) _____
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Home Address _____	City –State _____	Zip Code _____	Home Phone _____	Cell Phone _____
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NO NICK NAMES OR MIDDLE NAMES. FULL LEGAL NAMES REQUIRED & CONTACT NUMBER. MINIMUM OF (3) TO BE LISTED.

Asst Coach #1 _____	County Background & Ack Form
Name Cell E-mail Address	Yes () No ()

Asst Coach #2 _____	County Background & Ack Form
Name Cell E-mail Address	Yes () No ()

Asst Coach #3 _____	County Background & Ack Form
Name Cell E-mail Address	Yes () No ()

Asst Coach #4 _____	County Background & Ack Form
Name Cell E-mail Address	Yes () No ()

Asst Coach #5 _____	County Background & Ack Form
/Enforcer Name Cell E-mail Address	Yes () No ()

Asst Coach #6 _____	County Background & Ack Form
/Enforcer Name Cell E-mail Address	Yes () No ()

Age cut-off date is **May 1, 2024.**

Players with a birthday before the cut-off date must play in the higher age group.

THE NAME WRITTEN DOWN AS THE HEAD COACH, IS IN CHARGE OF THIS TEAM. ANYONE PLACED AS ASSISTANT COACHES MUST SUBMIT A SPRING ACKNOWLEDGEMENT FORM. NO EXCEPTIONS