

GRAPEVINE WRESTLING LEAGUE
2009-2010 TEAM LISTING UPDATE FORM

****This form must be filled out and turned into the Grapevine Board Secretary by 12/7/09
OR A \$50 FINE WILL BE ISSUED TO THE TEAM.
A new form must be filled out every year, even if there are no changes.**

TEAM NAME : _____

HEAD COACH:

Name _____ Email: _____

Address _____

City _____ State _____ Zip code _____

Cell Phone# _____ Home Phone # _____

Team President:

Name _____ Email: _____

Address _____

City _____ State _____ Zip code _____

Cell Phone# _____ Home Phone # _____

Matchman Contact:

Name _____ Email: _____

Address _____

City _____ State _____ Zip code _____

Cell Phone# _____ Home Phone # _____

ASST. COACHES: (All coaches that step on mat must have background checks)

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Team Contact Information If your team has a contact person which is NOT listed above, please list that information on the back of this form. (I.E.–Questions, Scheduling Conflicts, etc.)