



Assistant Coach	Name	<input type="text"/>		
	AAU Membership #	<input type="text"/>		
Address	<input type="text"/>			
City, State - Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Numbers	Home	<input type="text"/>	Work	<input type="text"/>
	Cell	<input type="text"/>	Fax	<input type="text"/>
Email:	<input type="text"/>			

**Dates in which your team is not available** (ex: 08/09/2008, 10/11/2008) :

**I certify that all information submitted as part of this entry is complete and accurate.**

**Coach's Signature**  **Date**

**Special Requests/Comments:**