

## Application to Coach Spring Select and Tournament Teams

U10, U12, U14, U16 & U19

(Please type or print legibly)

Name:	Phone:						
Address:							
City:			State:	HI	Zip	code:	
Team Information Division: (circle one)	: U10	U12	U14		U16	U19	
Gender: (circle one)	Boys	Girls	_	vel:	Gold e)	Silver	
Tournament*:	Islands Best (Late December)						
	Mililani Makahiki (Late November)						
	Kirk Banks (Spring Break)						
	Rainbow Tournament (Early July)						
	Other:						
*Not all Tournaments a	available for all A	ge Group Divis	ions.				
Please complete the seclinics taken, level of complete the sec						with the selection	of Coaches (i.e.,
I hereby certify that the above programs are a imposed by the Section down fields, refereeing	dministered and on, Area, and/or	run by the Sec Region 100.	ction or Area, I further unde	and th	at I agree that all res	to any and all rul	es and regulations
Signature					Date:		