



BIG ISLAND Hysa CLUB/TEAM RESERVATION

Season: _____

Please fill out as much information as you can (a person can be listed more than once). If your club or team does not have someone for each of these positions, please make sure that at least one contact person is listed for questions or concerns regarding you team reservation.

Club Name: _____

Website: _____

Email address: _____

Phone Number: _____

Board Members:	Name	Contact Phone # or Email	Risk Management Exp. Date
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

Other Club Assistants:

Registrar _____

Accountant _____

Please fill out the following pages for each team to be registered for this season. Please list the head coach’s name only (you will be able to add assistant coaches and team managers to the team roster form). Please list a contact email for every team, which will be used for sending out the referee evaluations for every game. **ONLY those scheduling requests made at the time of team reservation will be honored during the scheduling process. All others will be made if possible.**

Email completed forms to BIHYSA.league@gmail.com

Team Reservation Continued - Teams:

Age Division (B/G)	Flight A/B***	Team Name	Head Coach's Name	Contact email for team	Risk Management Exp. Date	License Grade

*** Flight A teams consist of experienced players and flight B teams are developing

