

FOR OFFICIAL USE ONLY

Date Rec'd \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Team # \_\_\_\_\_

# 2010 Nutmeg State Games - COACHES FORM



Connecticut Sports Management Group, Inc., 50 Founders Plaza, East Hartford, CT 06108  
Phone: (860)528-4588 Fax: (860)291-8032

## COACHES INFORMATION:

**TEAM NAME:** \_\_\_\_\_

**TEAM GENDER:**  Male  Female Total # of Athletes on Roster \_\_\_\_\_

## TEAM SPORTS:

BSL: Baseball  BKL: Basketball  FPS: Fast Pitch Softball  FHY: Field Hockey  
 LAC: Lacrosse  RHY: Roller Hockey  RGB: Rugby  SOC: Soccer  WIF: Wiffleball

**REGION:** (Check Only One)  North  South  East  West

**Head Coach:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (Day): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Assistant Coach:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (Day): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## AGE DIVISION:

BANTAM  YOUTH  JUNIOR  INTERMEDIATE  
 SCHOLASTIC  FUTURES  OPEN  OTHER \_\_\_\_\_

## PAYMENT INFORMATION: (Please make checks payable to: Nutmeg State Games)

Check one:  Check  Money Order  MasterCard  Visa  AmEx  Discover

Cardholder Name (Please Print): \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature (Required): \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

Parent/Coach  Previous Participant  Media (Print/Electronic)  
 Poster  Internet  Other: \_\_\_\_\_

## BEFORE SUBMITTING PLEASE BE SURE YOU HAVE:

- All player's names on roster form
- All player's have completed Team Sport Athlete Entry Form (Please check for signature)
- ONE check** covering the entire entry fee for appropriate sport
- Proof of Age** (e.g. Copy of Birth Certificate) for each athlete on roster

### Please mail completed form to:

Connecticut Sports Management Group, Inc.  
50 Founders Plaza, Suite 301  
East Hartford, CT 06108  
Email: [Fisher@nutmegstategames.org](mailto:Fisher@nutmegstategames.org)