



NRSP Team Staff Information



Age Group: _____

Male Female

Coach: _____

Address: _____

Postal Code: _____

Phone: (Home) _____

(Cell) _____

Certifications: "B" License "C" License Soccer for Life Med RIS MH

Assistant Coach: _____

Address: _____

Postal Code: _____

Phone: (Home) _____

(Cell) _____

Certifications: "B" License "C" License Soccer for Life Med RIS MH

Manager: _____

Address: _____

Postal Code: _____

Phone: (Home) _____

(Cell) _____

Certifications: Soccer for Life Med RIS MH

Assistant Manager: _____

Address: _____

Postal Code: _____

Phone: (Home) _____

(Cell) _____

Certifications: Soccer for Life Med RIS MH