

Minnesota ALB Team Information Sheet

This form **must** be attached as a cover sheet to your hardcopy Team Registration packet, submitted to your District Director (which is to include your Form-1 Roster (including Coaching Staff), any required Concussion Training Certificates, Forms 76 and 77, as applicable. (Submit Player Form 2's when requested by your District Director.) **PLEASE COMPLETE FULLY.** Use reverse / add'l form if needed.

TEAM NAME: _____ **DATE:** _____

DIVISION (I, II or Junior): _____ **DISTRICT #:** _____ **LEAGUE:** _____

**POST NAME / # or
Outside Sponsor:** _____ **CITY:** _____

SPONSOR CONTACT: _____ **PHONE:** _____

TEAM WEB SITE, if appl: _____

SCHOOLS REPRESENTED ON ROSTER (including any By-Passed schools under Transfer Rule):

*NOTE: Each school's enrollment figure is available from reports posted on the State baseball web page, or from your District Director.

School Name (use reverse if more space needed) ***School's Enrollment #**

Base School: _____

TOTAL COMBINED ENROLLMENT of ALL Schools Represented: _____

NOTE: If full information for person(s) below is included in the paperwork / reports that are attached, you may indicate "see attached" for such person.

"Team Manager or Head Coach" (primary team contact):

"Head or Assistant Coach" (or use space for other staff person)

Name

Name

Title or Role with Team

Title or Role with Team

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Phone(s)

Phone(s)

E-mail

E-mail

Date of Last Concussion Training Certification

Date of Last Concussion Training Certification

"Business/Admin. Mgr" (if different than above, use for other)

"Assistant Coach" (or use this space for other team staff person)

Name

Name

Title or Role with Team

Title or Role with Team

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Phone(s)

Phone(s)

E-mail

E-mail

Date of Last Concussion Training Certification

Date of Last Concussion Training Certification

USE REVERSE OR ADD'L FORM TO LIST MORE STAFF

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