CCS FIELD HOCKEY TEAM INFORMATION/ROSTER

(DUE TO CCS BY NOVEMBER 1st)

California Interscholastic Federation
Central Coast Section
Governance of H.S. Athletic Programs from San Francisco to King City

SCHOOL NAME_____

IN ORDER TO BE INCLUDED IN THE CCS OFFICIAL FIELD HOCKEY PROGRAM, THIS COMPLETED FORM MUST BE ***RECEIVED IN THE CCS OFFICE BY NOVEMBER 1***

PRINCIPAL:	_____	**HEAD COACH**	
SCHOOL MASCOT:	_____	**Coach Home Phone:**	_____
SCHOOL COLORS:	_____	**Coach e-mail:**	_____
ENROLLMENT:	_____	**Athletic Director:**	_____
ASSISTANT COACHES/MANAGERS, ETC.		**School Athletic Phone #**	_____

VARSITY PLAYER INFORMATION

- Please TYPE OR PRINT neatly so names will be spelled correctly in the program—Thank you!
- Please list in numerical order

NO.	NAME (first, last)	POSITION	YR IN SCHOOL

This team roster form is due to the CCS Office by November 1st!
FAX 408- 224- 0476 or via e-mail to: rmiailovich@cifccs.org