

EKS GAMES FLAG FOOTBALL TEAM REQUEST FORM

Due IN HOUSE to the State Office by Monday, July 25, 2022.

email to: entries@soindiana.org

Copy form as needed.



PROGRAM NAME:	AREA:
COUNTY COORDINATOR:	EMAIL:

INCLUDE DIRECTORY CONTACT INFORMATION BY EACH TEAM NAME

TEAM INFORMATION											
LEVEL: 1 = HIGH 2 = AVERAGE 3 = LOW											
GENDER: M = MALE OR CoED / F = FEMALE											
AGE GROUP: Jr = JUNIOR (15 & UNDER) Sr = SENIOR (21 & UNDER) M = MASTER (22 & OVER)											
CLASS: T = TRADITIONAL U = UNFIED											
TEAM NAME	AGE GROUP					GENDER		LEVEL			
	T	U	Jr	Sr	M	M	F	1	2	3	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH:											
DIRECTORY CONTACT NAME:											
EMAIL:											
TEAM NAME	AGE GROUP					GENDER		LEVEL			
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH:											
DIRECTORY CONTACT NAME:											
EMAIL:											
TEAM NAME	AGE GROUP					GENDER		LEVEL			
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH:											
DIRECTORY CONTACT NAME:											
EMAIL:											
TEAM NAME	AGE GROUP					GENDER		LEVEL			
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH:											
DIRECTORY CONTACT NAME:											
EMAIL:											
TEAM NAME	AGE GROUP					GENDER		LEVEL			
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED COACH:											
DIRECTORY CONTACT NAME:											
EMAIL:											

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____

County Coordinator Signature Date