

TENNESSEE HIGH SCHOOL RUGBY
Team Application Form

OFFICIAL TEAM NAME _____

OFFICIAL TEAM COLOR SCHEME _____

Note: Any change in color scheme must be pre-approved to avoid conflicts.

OFFICIAL LEAGUE DELEGATE

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE# 'S Home _____

Work _____

E-mail _____

COACHES NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE# 'S Home _____

Work _____

E-mail _____

STUDENT OFFICER (S)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE# 'S Home _____

Work _____

E-mail _____

ACADEMIC ADVISOR

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE# 'S Home _____

Work _____

E-mail _____

PARENT BOOSTER

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE# 'S Home _____

Work _____

E-mail _____

OTHER CONTACTS to be added to official THSR email list.

Name	Title	E-mail
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