BOYS' WATER POLO COACH: THIS FORM MUST ARRIVE AT THE CIFSDS OFFICE BY 5:00 P.M. ON SATURDAY, NOVEMBER 7 – EITHER EMAIL TO dackerman@sdcoe.net OR DELIVER IN PERSON – ROOM 504, SAN DIEGO COUNTY OFFICE OF EDUCATION, 6401 LINDA VISTA ROAD, SAN DIEGO 92111.

ENTRY/PROGRAM INFORMATION FORM

PLEASE PRINT OR TYPE (FILL OUT COMPLETELY)

School_____ **League**_____

School Nickname/Mascot_____ **W/L Record Overall**_____ **W/L Record League**_____

Head Coach_____ **Principal**_____

Coach's Home Phone (___)_____ **School Fax (___)**_____

Athletic Director_____ **School Phone (___)**_____

League Standing (First, second, etc.)_____ **Possible Seed in Your Division**_____

TEAM ROSTER

No. H/V	First Name	Last Name	Ht.	Yr.	Position