

Sideline Pass Form

Only team connected personnel shall be allowed admittance to the playing field. This form must be provided by February 10, 2012.

Fax this Form to: Denise Joubert (504) 483-9412 or email: djoubert@nocp.org

LIST NAMES(S) FOR EACH

Head Coach: _____
Asst. Coach: _____
Asst. Coach: _____
Trainer: _____
Manager: _____
Statistician: _____
Scorekeeper: _____

If other passes are needed, list the person's name and their responsibility:

<u>NAME</u>	<u>RESPONSIBILITY</u>
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above mentioned persons are part of our schools soccer program and they perform the duties mentioned.

_____ Principal Signature	_____ School
_____ Head Coaches Signature	_____ Date