

# 2014 Nutmeg State Games- COACHES FORM

Connecticut Sports Management Group, Inc., 975 Middle Street, Unit G, Middletown, CT 06457  
 Phone: (860)788 7041 Fax: (860) 894 2654 Online: [www.nutmegstategames.org](http://www.nutmegstategames.org) Email: [info@nutmegstategames.org](mailto:info@nutmegstategames.org)



**SELECT SPORT: (Circle One)**

- |                 |                               |                          |                   |
|-----------------|-------------------------------|--------------------------|-------------------|
| BSL: Baseball   | BKL: Basketball               | FPS: Fast Pitch Softball | FHY: Field Hockey |
| IHY: Ice Hockey | LAC: Lacrosse                 | RHY: Roller Hockey       | RGB: Rugby 7's    |
| SOC: Soccer     | WLF: Weight Lifting- Football | OTHER: _____             |                   |

**TEAM NAME:** \_\_\_\_\_

**AGE DIVISION** \_\_\_\_\_ **TEAM GENDER: (Circle One) Male Female**

**# ATHLETES ON ROSTER** \_\_\_\_\_

**REGION: (Circle One) North South East West** (See your team sport web page for the region and town list)

**Head Coach: (First & Last Name)** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**Assistant Coach: (First & Last Name)** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT INFORMATION:** (Please make checks payable to: Nutmeg State Games)

**Checks:** Please make checks payable to: **Nutmeg State Games**

**Credit Cards:** Please call our office to arrange for payment. 860-788-7041 or Register Online: [www.nutmegstategames.org](http://www.nutmegstategames.org)

**HOW DID YOU HEAR ABOUT US? (Circle One)**

Parent/Coach      Previous Participant      Internet

Printed Media (Newspaper / Postcard/Poster)      Other: \_\_\_\_\_

**BEFORE SUBMITTING PLEASE BE SURE YOU HAVE:**

1. **Completed Coaches Form**
2. **Completed Team Roster** (All sections complete)
3. **Completed Team Sport Athlete Form** for each athlete on roster
4. **Proof of Age** (e.g. Copy of Birth Certificate) for each athlete on roster
5. **ONE check** covering the entire entry fee for appropriate sport

**Please mail completed form to:**  
 Connecticut Sports Management Group, Inc.  
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 Middletown, CT 06457  
 Email: [info@nutmegstategames.org](mailto:info@nutmegstategames.org)