



South Texas Amateur Football
Team Application

Team Name: _____

Team Colors: _____

(Primary, Secondary, Tertiary)

Team Owner(s): _____

Phone Number: _____

Team Representative: _____

Phone Number: _____

Team Coach 1: _____

Team Coach 2: _____

Team Trainer: _____

Other Team Staff: _____

Mailing Address: _____

Team Email: _____

I (printed name) _____ declare that I have read, and understand and accept all the rules of S.T.A.F.

All information submitted by me on this application is correct.

Signature

Date