

ALL AMERICAN INDOOR SPORTS, INC

WINTER 2010/2011 YOUTH TEAM QUESTIONNAIRE

FULL TEAM NAME: _____

AGE/SEX: _____ (U7,U8,U9,U10,U11,U12,U13,U14,U15,U16,U17,U18,U19 Boys/Girls)

MANAGER'S NAME: _____

COACHES NAME: _____

TEAM NAME used during your last outdoor session: _____		
TEAM NUMBER used during your last outdoor session: _____		
Which association did you play with during your outdoor session: _____		
ex: Heartland		
Division played: ex: <i>Pre/Rec</i>	Overall Record: ex: <i>4-3-1</i>	Final Place: ex: <i>6th of 12</i>
Spring outdoor 2010		
Fall outdoor 2010		
What grade are your players currently in? _____		
Has your team played together before?	YES	NO
Did your team play at All American during our 2009/2010 winter sessions?	YES	NO
If yes: Have there been any major roster changes since winter?	YES	NO
List changes: _____		
If no: Has your team ever played indoor soccer?	YES	NO

PLEASE LIST THE TOURNAMENTS YOUR TEAM HAS PARTICIPATED IN 2010/2011:	
Name: _____	Record/Placing: _____
Name: _____	Record/Placing: _____

Did your team hold tryouts?	YES	NO
Is your coach paid for coaching?	YES	NO
How days per week does your team practice?	1, 2, 3, 4, 5, 6, 7	

PLEASE LIST THE NAME OF THE TEAMS IN YOUR AGE GROUP WITH SIMILAR SKILL: (PLEASE LIST FULL TEAM NAME)	
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL COMMENTS: