

FALL ____ SPRING ____

AGE GROUP U- _____

BOY ____ GIRL ____

THIS TEAM REQUIRES EARLY PASSCARDS _____
*** PLEASE ENCLOSE EARLY PASSCARD FORM ***

TEAM NAME: _____

CLUB/LEAGUE AFFILIATION: _____

NUMBER OF ROSTERED PLAYERS ENCLOSED WITH COMPLETED REGISTRATION MATERIAL

EACH PLAYER IS REQUIRED TO HAVE PROOF OF BIRTH AS REQUIRED, COMPLETED PLAYER REGISTRATION FORM, AND PICTURE. ALL COACHES AND MANAGERS ARE ALSO REQUIRED TO SUBMIT A PHOTO.
THREE (3) REGISTERED PLAYERS ON IT.
COACHES AND MANAGERS WHO DO NOT HAVE A CURRENT RISK MANAGEMENT CARD
MAY NOT APPEAR ON ANY ROSTER.

PLEASE NOTE: INCOMPLETE REGISTRATION MATERIAL WILL NOT BE ACCEPTED AND WILL BE SUBJECT TO LATE FEES.

MANAGER'S NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

COACH'S NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

MAIN CONTACT: COACH ____ MANAGER ____

