



RECREATIONAL Team Registration Roster



Type or Print ONLY

FALL _____ 20 _____ SPRING _____ 20 _____

Team Name	Jersey Color	# of Players by Gender B G	Age Group	Team Gender B G
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Home Association (where team Registers)	Playing Association if Different (where team plays if not Home Assn.)
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Coach etc.	Name (Last Name, First)	Sex	Address	City	Zip	H. Phone ()	W. Phone ()	DOB	Email Address
Coach									
Asst.									
Mgr.									

Name (Last Name, First)	Sex	Jer#	Address	City	Zip	Phone ()	DOB	School	E-mail Address
1.									
2.									
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20.									
21.									
22.									

I certify that the above information is true and correct. Signed: Coach _____ Date: _____
 Association Registrar: _____ Date: _____ Coaches License: _____