TEAM NAME:	LEAGUE AGE:	YEAR:

COACH:	ASSIST. COACH:	ASSIST. COACH:
ADDRESS:	ADDRESS:	ADDRESS:
CITY, ST. & ZIP:	CITY, ST. & ZIP:	CITY, ST. & ZIP:
HOME PHONE:	HOME PHONE:	HOME PHONE:
WK PHONE:	WK PHONE:	WK PHONE:
EMAIL:	EMAIL:	EMAIL:

PLEASE PRINT

	PLAYER'S NAME	ADDRESS	CITY	ST	ZIP	AGE	D.O.B.	B.Cert	Release
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