



# RECREATIONAL Team Registration Roster



Type or Print ONLY

FALL \_\_\_\_\_ 20 \_\_\_\_\_ SPRING \_\_\_\_\_ 20 \_\_\_\_\_

<b>Team Name</b>	<b>Jersey Color</b>	<b># of Players by Gender</b> B _____ G _____	<b>Age Group</b>	<b>Team Gender</b> B _____ G _____
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<b>Home Association</b> (where team Registers)	<b>Playing Association if Different</b> (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.									
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21.									
22.									

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