



Team Name: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Age Group (Circle):    8u    9u    10u    11u    12u    13U    14U

Tournament Team (Circle):    Yes    No    If Rec League Name:\_\_\_\_\_

Team Insurance (Circle):    Yes    No / Carrier:\_\_\_\_\_

Preferred "1" Day Team Practice (Circle) Mon / Tue / Wed / Thr / Fri / Sun

Preferred "2" Day Team Practice (Circle) Mon&Thr / Tue&Fri / Wed&Sun

Player Name

Stapleton Address (if None leave blank)

[illegible]