

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_

Local Association/Program Name: \_\_\_\_\_

	Last Name	First Name	MI	D.O.B.	Street Address	City / State	Zip
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COACH/MANAGER NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

We will try to accommodate requested NO PLAY dates and times, please list any conflicts: \_\_\_\_\_

***PLEASE BE SURE TO CHECK YOUR LEAGUE'S TRYOUT DATES***

*\*You will be playing in the division you are currently registered in unless otherwise specified \**

**COMPLETED ROSTER \*MUST\* BE TURNED IN BEFORE 1ST GAME You can fax it to: (860) 282 - 9423**