



# SCVA 2009/2010 TEAM & COACH REGISTRATION FORM

*☞ PLEASE COPY & COMPLETE ONE FORM FOR EACH TEAM! ☞*

CLUB NAME: \_\_\_\_\_

CLUB PHONE: \_\_\_\_\_

CLUB DIRECTOR: \_\_\_\_\_

CLUB EMAIL: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

TEAM GENDER: BOYS GIRLS      TEAM DIVISION: 18 16 15 14 13 12

COACH NAME: \_\_\_\_\_

CAP CLINIC     IMPACT CERTIFIED    \$15 TEAM FEE ENCLOSED: \_\_\_\_\_

Office Use	NAME OF INDIVIDUAL – LIST ALPHABETICALLY & PLEASE TYPE! <i>LAST, FIRST</i>	DATE OF BIRTH <i>MM-DD-YY</i>	GRADE <i>If applicable</i>	GENDER <i>Circle one</i>	MEMBER TYPE* <i>Circle one - see key!</i>
	1.			F M	JP C CH R
	2.			F M	JP C CH R
	3.			F M	JP C CH R
	4.			F M	JP C CH R
	5.			F M	JP C CH R
	6.			F M	JP C CH R
	7.			F M	JP C CH R
	8.			F M	JP C CH R
	9.			F M	JP C CH R
	10.			F M	JP C CH R
	11.			F M	JP C CH R
	12.			F M	JP C CH R
	13.			F M	JP C CH R
	14.			F M	JP C CH R

*Note: There is no limit to the number of players per team – use a 2<sup>nd</sup> form if needed!*

*\*Key: Circle "JP" for Jr. Player, "C" for Coach, "CH" for Chaperone or "R" for Club/Team Rep.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Club Director

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Regional Commissioner

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