



SCVA 2011/2012 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 2nd 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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