

Supplemental Registration Form

Program Name _____

Coach _____

Cell Phone _____

Team Name	* Please attach Rosters With Names and Birthdates		# of Athletes
Level:	All-Star	Recreation	School
	<input type="checkbox"/> 1 - Beginner	<input type="checkbox"/> Novice (Sept-Dec)	<input type="checkbox"/> Grammar 1 6th grade & under
	<input type="checkbox"/> 2 - Novice	<input type="checkbox"/> Regular	<input type="checkbox"/> Grammar 2 9th grade & under
	<input type="checkbox"/> 3 - Intermediate		<input type="checkbox"/> Junior Varsity
	<input type="checkbox"/> 4 -		<input type="checkbox"/> Varsity
	<input type="checkbox"/> 5 -		Other
	<input type="checkbox"/> 6 -		
Age:	<input type="checkbox"/> Tiny 5 & under	<input type="checkbox"/> 1st grade & under	<input type="checkbox"/> Tiny 5 & under
	<input type="checkbox"/> Mini 8 & under	<input type="checkbox"/> 3rd grade & under	<input type="checkbox"/> Mini 8 & under
	<input type="checkbox"/> Youth 11 & under	<input type="checkbox"/> 5th grade & under	<input type="checkbox"/> Youth 11 & under
	<input type="checkbox"/> Junior 14 & under	<input type="checkbox"/> 7th grade & under	<input type="checkbox"/> Junior 14 & under
	<input type="checkbox"/> Senior 18 & under	<input type="checkbox"/> 9th grade & under	<input type="checkbox"/> Senior 18 & under
	<input type="checkbox"/> Open 18 & older	<input type="checkbox"/> 12th grade & under	<input type="checkbox"/> Open 18 & older

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