LEAGUE REGISTRATION FORM - TEAM INFORMATION

Team Name:		**Coach/Contact:**	
Address Ln 1:		**City:**	
Address Ln 2:		**Cell Ph:**	
State:	**Zip:**	**Home Ph:**	
Alt Contact:		**Alt Ph:**	
E-mail(s):			
Instagram Handle(s): (eg., @allcityclassic302)			
Twitter Handle: (eg., @allcityclassic302legends)			

	Player Last Name	Player First Name	Jersey #	Jersey Size	Short Size	DOB	Phone
1							
2							
3							
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12							