

TEAM REGISTRATION FORM

Name of Competition: _____

Dates of Competition: _____ **Location:** _____

Skip: First Name: _____ Last Name _____
Address: _____ Postal Code _____
Phone (Work): _____ Phone (Home): _____
Fax: _____ E-Mail: _____
Date of Birth: _____

3rd: First Name: _____ Last Name _____
Address: _____ Postal Code _____
Phone (Work): _____ Phone (Home): _____
Fax: _____ E-Mail: _____
Date of Birth: _____

2nd: First Name: _____ Last Name _____
Address: _____ Postal Code _____
Phone (Work): _____ Phone (Home): _____
Fax: _____ E-Mail: _____
Date of Birth: _____

Lead: First Name: _____ Last Name _____
Address: _____ Postal Code _____
Phone (Work): _____ Phone (Home): _____
Fax: _____ E-Mail: _____
Date of Birth: _____

5th: First Name: _____ Last Name _____
Address: _____ Postal Code _____
Phone (Work): _____ Phone (Home): _____
Fax: _____ E-Mail: _____
Date of Birth: _____

Coach: First Name: _____ Last Name _____
Address: _____ Postal Code _____
Phone (Work): _____ Phone (Home): _____
Fax: _____ E-Mail: _____
Coaching Certification Level: _____

Team Contact: _____

Phone (home, work, cell #s): _____

Email: _____