PLAYER REGISRATION FORM _____ 20____

LEAGUE / DIVISION _____

NO	NAME	POS.	DATE OF BIRTH	PLACE OF BIRTH	HEIGHT	WT	HIGH SCHOOL ATTENTED	LEAGUE YEARS	CONTACT NUMBER

HEAD COACH:	YEARS OF COACHING:	QUALIFICATION:
ASSISTANT COACH:	YEARS OF COACHING:	QUALIFICATION:
MANAGER:	YEARS OF MANAGING:	