



National Championship

SEASON 2000-01

Name of State Association _____ Region: **REGION IV**
 Name of Team: _____ Age Group U- _____ Boys _____ Girls _____
 Name of Coach: _____ Telephone Number (Home) _____ (Work) _____
 Address: _____ City _____ State _____ Zip Code _____
 Assistant Coach Name: _____ Assistant Coach Name: _____
 Name of Manager: _____ Telephone Number (Home) _____ (Work) _____
 Address: _____ City _____ State _____ Zip Code _____
 Colors: Jersey _____ Shorts _____ Socks _____ Alternate Jersey _____

List players in alphabetical order by last name first

PLAYER	SIGNATURE	REGISTRATION NUMBER	BIRTHDATE	YEAR GRAD	JERSEY NUM	ALT. NUM	POSITION
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

 (SIGNATURE OF COACH OR MANAGER) (DATE)

 (SIGNATURE OF STATE OFFICER AND TITLE) (DATE)