



**Type Only**

## National Championship SEASON 2004-05

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)