UFA-NORCROSS INDOOR

Youth Team Registration Application & Team Roster

Team Name:					Coach Name:			Gender:		ge Group:	
Coach Name: Home Phone					Cell Phone Er			ail Address			
	Player First Name	Player Last Name	Jersey #	Bi	rth Date	Gender	Phone	E	mail Address		
1											
2											
3											
4											
5											
6											
7											
,											
8											
9											
10											
11											
12											
	num Number of Players is 12.										
Scheduling Requests: (not guaranteed):											
certi	fy that the above information is	true and correct. Signed:	Coach								

All Team and Separate Player Registration Forms must be received at the time of team registration. UFA-Norcross, 4541 South Berkeley Lake Road, Norcross, Georgia 30071