

memoral post of the second sec	A TOBRET	Age Group:	¥
Town or School and Team Name		Home Field Town	VII
Manager/Head Coach		Address	Phone
Full Player Name	Birth Date	Home Physical Address including Town	Current School
		*;	

Submitted by	I hereby certify that all the above information is true and correct.
League President, Date	orrect.
(revised April 2012	Manager/Head Coach, Date