

**DATE:**

**TEAM REGISTRATION FORM**

**TEAM NAME:**

**LAKELAND MINOR BALL**

PLAYERS NAME: (PRINT)	M/ F	JERSEY #	CITY/TOWN	OVER AGE Y/N	M	D	Y R
1.							
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COACH / MANAGER	CITY/TOWN	PHONE NUMBERS	EMAIL ADDRESS
1.			
2.			
3.			
4.			

\*PLEASE SUBMIT FILLED IN TEAM REGISTRATION FORMS