

Challenger Division

2010 Registration Form

Date: _____

Player Information:

First Name Last Name ____/____/____
Date of Birth Sex (M/F)

Lives With (please circle one): Father Mother Both

Parent/Guardian Information:

Father

Mother

Name

Name

Street Address

Street Address

City, State Zip Code

City, State Zip Code

(____)_____
Home Phone

(____)_____
Home Phone

(____)_____
Business Phone

(____)_____
Business Phone

E-mail

E-mail

_____ (parent/guardian signature)

Instructions:

1. Fill out the information on this form as completely as possible.
2. Complete and sign the "Medical Release" form.
3. Mail all of the above to:

District 15 Challenger Division
C/o Karen Devaney
41 Mass Ave
Danvers, MA 01923