			h team Er	SPORT	S			
			For Office Use Only:					
F	ROANOK	(F	Date Received: Received By:					
_	ARKS AND RECREA		eived:	Received I	Зу:			
See	ction I - General Info	rmation						
Reci	reation Club: 🗌 Star City (Re 🗌 Williamson I 🗌 South City (I 🗍 Greater Sou	Road (Region II)	Boys					
See	ction II - Team Roste	r						
Tea	m Name:							
Hea	d Coach:	Address:	Address: City, Zip:					
Ema	il:							
Assistant Coach:		Address:	Address: City, Zip:					
	il:							
			Address: City, Zip:					
	.il:			0.0,, .	b.			
	Player's Full Name						Birth Date	
	(First, Middle, Last)	Street Address	City, Zip	Phone 540.111.2222	School	Age	(MM/DD/YYYY) 10/04/2004	
1	Example – John Jay Smith	215 Church Ave	Roanoke, 24011	540.111.2222	Fairview	6	10/04/2004	
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PLEASE MAKE SURE ALL ITEMS ARE FILLED OUT COMPLETELY.