

2011-2012 TEAM REGISTRATION FORM



	Surname	Given Name	M/F	DOB (m/d/y)	Mailing Address	PC	Phone	Last Team	Family Email
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	Surname	Given Name	M/F	DOB (m/d/y)	Mailing Address	PC	Home #	Cell/Work	Email
HC									
AC									
AC									
AC									
M									
SF									
TR									

ASSOCIATION REGISTRAR/PRESIDENT SIGNATURE _____ DATE APPROVED _____

*******REQUIRED TEAM OFFICIAL CERTIFICATIONS ARE MANDATORY. LEVELS ATTAINED WILL SHOW ON MEMBERS HCR PROFILES*******