

NEGFL TEAM REGISTRATION FORM 2020-2021

		Team:		
Head Coach	Home #	Work #	Cell #	Email
Assistant Coach	Home #	Work #	Cell #	Email
Assistant Coach	Home #	Work #	Cell #	Email

	First Name	Last Name	Age	Birthdate	School Attending	Birth Certificate Attached	Report Card Attached
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

<input type="checkbox"/> Team Director	Team Director:	Director Approval Date:	
<input type="checkbox"/> Team Certified	Certified by:	Certification Date:	Paid: