



TEAM REGISTRATION GOPHER STATE FALL 2010

Name of Athlete _____

Birthdate _____ Current Grade _____

Address _____

City/State/Zip _____

Parents Names _____

Phone (H) _____ (W) _____ (C) _____

Email Address(s) _____

Please circle best days of week practice:

Monday
Tuesday
Wednesday
Thursday
Saturday

Is there a start time that works best for you?