

***CENTRAL FEMALE MIDGET
Regional Team Try Outs
October 18 and 25, 2009
Lewisporte Stadium***

Player Registration Form

PLAYER NAME _____

PARENTS / GAURDIANS _____

ADDRESS _____

TOWN _____

POSTAL CODE _____

HOME PHONE # _____

PHONE # 2 _____

PLAYER EMAIL ADDRESS _____

PARENT EMAIL ADDRESS _____

BIRTHDATE (dd/mm/yy) _____

MCP# _____

HOME ASSOCIATION _____

POSITION _____