

Team Name: _____ Co-Captain: _____ Phone: _____ Email: _____

Jersey Color: _____ Co-Captain: _____ Phone: _____ Email: _____

	PLAYER NAME	AGE as of October 1st	CELL PHONE	EMAIL ADDRESS
1c				
2c				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

We certify that the information above has been reviewed and validated to be true. If any of this information is found out to be untrue, it can possibly cause the forfeiture of a player or team. Any and all changes to this information will be submitted to the P.G.B.L. showing the change and the proper proof for that change. **Please include a photocopy of each player's driver's license along with the team fee money order payable to "CASH".**

THIS FORM MUST BE FILLED OUT AND SUBMITTED TO COMMISSIONER BEFORE SEPT. 15th