



**CFBGSL
SUMMER LEAGUE
Registration Form**

Division	10u	12u	14u
Team Name	_____		
Head Coach	_____		
HC VTD or DL # and State	_____		
HC Phone #	_____		
HC Email	_____		

HC is responsible for providing insurance for team and keeping all players' birth certificates readily available to CFBGSL officials and umpires.

HC Signature _____

Player Name	DOB	Address

Include each of the following items and mail to the address listed below.
Check or Money Order made out to CFBGSL

\$500 Registration Fee
Proof of Insurance
Registration Form

CFBGSL
Attn: Alisha Crandall
2940 Cameo Lane
Farmers Branch, TX 75234

Registration approved upon receipt of payment.
Deadline for registration - June 26th