

UNITED STATES MARINES YOUTH FOUNDATION, INC.

The 2019 High School Physical Fitness Championships

Team Roster / Registration Form

(Please type or print clearly)

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COACHES NAME: _____ T-Shirt Size _____

EMAIL ADDRESS: _____

PHONE NUMBER:(Work) _____ (Home) _____

(Cell) _____ T-Shirt Size _____

ASSISTANT COACHES / ESCORTS: _____

This is a: MALE FEMALE COMPETITION PILOT TEAM

I am registering my team for competition in: YPF National Championships

TEAM NAME: _____ TEAM QUALIFYING SCORE: _____

STUDENT NAME	AGE	GRADE	IND. SCORE	T-SHIRT SIZE

Submit **ONE** form for **EACH** team entered into competition (male / female) and pilot teams (male / female).

I certify that the above named athletes are full-time students in grades 9-12 and meet the age requirement for competition. (Students cannot reach their 20th birthday prior to competition)

High School Principal