YMCA ADULTS SPORTS TEAM INFORMATION FORM

MISSION VALLEY/TOBY WELLS YMCA

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| TEAM CAPTAIN |
| First Name |  | Last Name |  | Grade | M/FF |
| Street Address |
| Apt. Number or PO Box | City | State | Zip |
| Primary Phone Number  | Email Address  |

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| EMERGENCY INFORMATION |  |
| Emergency Contact Name | Relationship | Emergency Phone Number |

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| TEAM INFORMATION |  |
| League Day Thursday Night – SWBA 50+ League  | SportBasketballl | Team Description Male \_\_\_\_\_\_\_ Female \_X\_\_\_\_\_\_ Coed \_\_\_\_\_\_ |
| Team Name | Jersey Color |  |
| Accommodation Requests  |
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| TEAM ROSTER (Additions may be made through week 4 of the season. After week 4 rosters are final. Please note new names.) |
|  |  **Full Name** | **DOB (Date of Birth)** | **EMAIL ADD/ TEL NUMBER**  |
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