The Champions Cup 14u (July 4-6, 2014) Friday through Sunday

Team Name:												
Team Manager:			Primary Phone No. Primary Phone No.			Secondary Phone No. Secondary Phone No.		<u>Email</u>				
Coach Contact:								<u>Email</u>				
(Please list in ascending uniform #)												
NOTES	Uniform #	Player Name	Positions	Grad. Yr.	Signed ?	GPA	/ SAT	Telephone	EMAIL			
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The Champions Cup 14u (July 4-6, 2014) Friday through Sunday

Team Manager:		Primary Phone No.		<u>Email</u>
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Coach Contact:	 	Primary Phone No.		<u>Email</u>
GRADUATION HIGH	WRIST BAND / SHOE TOPPER	COLOR	<u>BLACK</u>	
SCHOOL YEAR	COLOR	UNSIGNED	SIGNED	
EXAMPLE:				
2016 (8)	LEAVE BLANK	6	2	