



Print Legibly !

Team ID _____

Girls

Boys

Post collegiate _____ Varsity _____ JV _____ Middle School _____

Name of team _____ Locality _____

Contact Name _____  e mail _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Fax _____ - _____ - _____

 Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

 **Absolute necessity**

Mail THIS form & ALL athlete waivers together by 9/25/10

Please send TOP portion ONLY !

Submit ALL waivers by 9/25/10



300 Unity Lane Annapolis, MD 21401

SYNAPSE
SPORTS



CALIFORNIA

7v7

caboom.