



Print Legibly !

Team ID _____

Upperclass _____ Underclass _____ Risers _____

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 7/10/10

----- Please send TOP portion ONLY ! -----

Submit ALL waivers by 7/10/10



300 Unity Lane Annapolis, MD 21401

SYNAPSE
SPORTS

