



**TAG LINE ORDER: COST \$5.00 • DUE OCTOBER 05, 2019 • PRINT NEATLY**

Name of Player: \_\_\_\_\_

Division: \_\_\_\_\_ Team Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Mom: \_\_\_\_\_ Team Mom Phone: \_\_\_\_\_

25 words or less: (please print clearly) One player per form please.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cash Payment Enclosed: \_\_\_\_\_ Date: \_\_\_\_\_

[www.AYSORegion602.org](http://www.AYSORegion602.org)

Send questions to: Region602teamparent@gmail.com



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