2018 CENTEX Series Team Registration Form

Name of Organization:_____ Team Name:_____

Manager Name:_____ Email:_____

Cell/Text Number:_____

Age Group *(circle)*: 6U 8U 10U 12U 14U Division *(circle)*: I II

Uniform No. ***(During Centex Play)***	**Exact Name on Birth Certificate** ***(Last, First)***	**Date of Birth** ***(Verified by Birth Certificate)***	**League Team Name** ***(Played on during Spring Season)***

All players listed above have been selected from League Recreational teams within the league indicated; no OPEN (Select) players are on this roster. Players are all covered by their league insurance.

I certify that ALL PLAYERS listed above meet the Player Eligibility Guidelines listed above.

CENTEX Team Manager:_____

League President or Officer:_____

CENTEX Representative:_____