

2019 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 # <small>(During Centex Play)</small>	Player Name (Last, First) <small>(Exact name on Birth Certificate)</small>	Date of Birth <small>(birth certificate verified)</small>	League Team Name <small>(Regular season team name)</small>

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: _____