

2023 CENTEX Series Team Registration Form

Local Association/League: _____ Team Name: _____

Manager Name: _____ Email: _____

Cell: _____

Age Group (circle one): 6u 8u 10u 12u 14u Division: D1 D2

Jersey #	Player Name (Last, First)	Date of Birth	Spring Season Team

I certify that all players listed have been selected from **recreational** teams within the league indicated and meet Centex Series Eligibility and Team Formation Guidelines & Rules; **no open/select** players are on this roster. Players are all covered by their respective league insurance.

CONFIRMED BY: _____ **DATE:** _____

Team Manager: _____

League Representative: _____

Centex Official only: _____