

## 2024 CENTEX Series Team Registration Form

Local Association/League: \_\_\_\_\_

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

Manager Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

To be completed by League Representative

<b>Age Division (Circle One):</b> 6U   8U   10U   12U   14U	<b>Total # of teams in Age Group in 2024 Spring Season:</b> _____	<b>Team Rank and Total # of Teams Participating from your Association in this Age Division:</b> Team _____ of _____	<b>Did this Age Division play interleague games?</b> Yes   No
Other Considerations: <i>(Include 10U Division rules for association if 10U team)</i>			

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:** \_\_\_\_\_