



ARIZONA CHAMPIONS LEAGUE Team Registration Form



TEAM NAME	Season: 2009/2010
TEAM COLORS: <i>Primary/Secondary</i>	Jerseys:
PREFERRED DIVISION:	

TEAM CAPTAINS	PHONE NUMBER	EMAIL ADDRESS

	LAST NAME	FIRST NAME	PASS ID NUMBER	STREET ADDRESS	CITY, ST ZIP	PHONE	DOB	PMT
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AUTOMATED PLAYER COUNT	NOTES:
0	