



SELECT TEAM PLAYERS LIST

Select Team Players List: _____ (TEAM NAME)

DIVISION: _____ (i.e. U15, U18)

***The Final Date to Request a Select Team is January 15th.**

	SURNAME	GIVEN NAME	BIRTH DATE M / D / Y	TEAM REGISTERED WITH	DIVISION	CATEGORY	APPROVED BY (President Signature)
1.							
2.							
3.							
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18.							
19.							
20.							
Association President Requesting Select Team Players: _____ Email: _____ Signature: _____							
HNO APPROVAL: _____					DATE APPROVED: _____		