

JV REGISTRATION FORM 2020

School Name: \_\_\_\_\_ School #: \_\_\_\_\_  
Coach's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

JV Team Members and Grade

- |           |           |
|-----------|-----------|
| 1. _____  | 14. _____ |
| 2. _____  | 15. _____ |
| 3. _____  | 16. _____ |
| 4. _____  | 17. _____ |
| 5. _____  | 18. _____ |
| 6. _____  | 19. _____ |
| 7. _____  | 20. _____ |
| 8. _____  | 21. _____ |
| 9. _____  | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ |           |

Team Representative

The following team representative will remain on site at all times and will follow all school policies during the tournament.

Representative Name: \_\_\_\_\_

Representative Phone: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_