

NEGFL TEAM REGISTRATION FORM 2024-2025

TEAM:						
Head Coach		Home #		Work #		
Assistant Coach		Home #		Work #		
Assistant Coach		Home #		Work #		
	First Name	Last Name	Age	Birthdate	School Attending	Report Card Attached
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

<input type="checkbox"/> Team Director	Team Director:	Director Approval Date:	
<input type="checkbox"/> Team Certified	Certified by:	Certification Date:	Paid: