

## <u>Cardinal Shehan League Middle School League</u> <u>Registration Form</u>

Team Name:		Parish Team: Yes								
Team Contact:			Cell Phone:							
Email:				-						
			Cell Phone:							
Email:	- A William Company									
Age Group: (circle one)	BOYS JV	Boys Varsity	Girls JV (	Girls Varsity						
YOU I	MUST COMP.	LETE ONE FORM	FOR EACH TEAM							

Please note that this form is to register and hold a spot for your team for the Middle School League for the upcoming 2017-18 season.

## **IMPORTANT DATES FOR 2018-19**

All Registrations must be in by October 4th.

All payments must be in by October 12th. Would be great if they came in with this form!!!

All final rosters are due November 1st.

If you have any other questions in regards to the 2018-19 Season please feel free to contact me at <a href="mailto:DCarothers@shehancenter.org">DCarothers@shehancenter.org</a> or 203-336-4468.

Thank you,

Drew Carothers Assistant Director

## 2018-19 Shehan Center League Roster Form

Reversible: Yes or No	eam Color	5/6 Grade, 7/8 Grade	ese Location
			1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5

SIHI

Address	Name	Head Coach:												
TAMILIO .	Mamo	Assistant Coach:												
		ach:			2									
									1	1				
					-			_	+	+	$\dashv$	_	-	-

	A	Assistant Coach:	
Name		Name	
Address		Address	
Home Phone		The state of the s	
- IOILE FIIOILE	The second secon	Home Phone	
Cell Phone		Cell Phone	
Ēmai)			
		Eman	
Principal or Parish Priest:	Ath	Athletic Director	
Name:		Name:	
Title		Title:	
I verify that all above information in	verify that all above information in regards to players and coaches is accurate.		
Signed		Signed	