

LADY REBEL TEAM CAMP REGISTRATION FORM

TEAM NAME: _____
COACH NAME: _____
COACH EMAIL: _____
COACH CELL: _____ COACH FAX: _____

PLAYER NAME	JERSEY #	HEIGHT	GRADE IN FALL 2019	MENS SHIRT SIZE (S-2XL)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

COACH NAME(S)	SHIRT SIZE
1.	
2.	

PAYMENT: CHECK CREDIT CARD (ONLINE ONLY)

FAX COMPLETED FORM ASAP TO: 702-895-1269
*****PLEASE MAKE CHECKS PAYABLE TO: KO OLIVIER, LLC*****