Shreveport Public Assembly and Recreation

2019 Youth Football
Team Entry Form

PLEASE PRINT IR TYPE ALL INFORMATION

PLAYER REGISTRATION FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NO BE ACCEPTED

(Team Entry Deadline: August 23, 2019)

SEASON BEGINS SEPTEMBER 14, 2019

TEAM NAME: _____

LEAGUE: **(Circle One)**

- ☐ 5-6 YR FLAG
- ☐ 7 YR FLACKLE
- ☐ 8 YR TACKLE
- ☐ 9 YR TACKLE
- ☐ 10 YR TACKLE
- ☐ 11 YR TACKLE
- ☐ 12 YR TACKLE
- ☐ 13YR TACKLE

AGE CUTOFF Aug. 31, Current Year

(See Rules)

COACH'S NAME: _____

HOME ADDRESS: _____ _____
(Street) (Apt/Lot #)

_____ _____
(City/State) (Zip Code)

CELL PHONE: _____ W/PHONE: _____ H/PHONE: _____

EMAIL: _____

COACH'S NAME: _____

HOME ADDRESS: _____ _____
(Street) (Apt/Lot #)

_____ _____
(City/State) (Zip Code)

CELL PHONE: _____ W/PHONE: _____ H/PHONE: _____

EMAIL: _____

BYE REQUEST DATES/TIMES

Please list any dates/days/times and reason your team ABSOLUTELY cannot play. We will ATTEMPT to honor your request.

BYE DATE/TIME: _____ REASON: _____

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BYE DATE/TIME: _____ REASON: _____