

Chief's Player Information Sheet

Jersey#: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Dad's Cell: _____

Mom's Cell: _____

Parents Names: _____

E-Mail: _____

Please circle one -

I use my e-mail:

Daily Weekly Often Almost Never

Fax: _____

Please list any medical conditions:

We will be assigning dates for volunteers in the score box and penalty box. If you are unable to fulfill your obligation please arrange for another volunteer.

A phone list will be issued to each family. If there is any information you would not like made available please let your team manager know. Our goal is for easy and friendly communication between everyone.

Thank you!