

LADY REBEL TEAM CAMP REGISTRATION FORM

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

	PLAYER NAME	JERSEY #	HEIGHT	GRADE IN FALL 2016	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*****