

# LADY REBEL TEAM CAMP: JUNE 25-27, 2010 REGISTRATION FORM

**TEAM NAME:** \_\_\_\_\_  
**COACH NAME:** \_\_\_\_\_  
**COACH EMAIL:** \_\_\_\_\_  
**COACH CELL:** \_\_\_\_\_ **COACH FAX:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

	PLAYER NAME	HEIGHT	POSITION	GRADE	SHIRT SIZE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

	COACH NAME	SHIRT SIZE
1.		
2.		
3.		

**PAYMENT:**        **CHECK**        **CREDIT CARD**        **CASH**

**FAX COMPLETED FORMS BY JUNE 1ST TO: 702-895-1269**  
**\*\*\*PLEASE MAKE CHECKS PAYABLE TO: KO OLIVIER, LLC\*\*\***