

# LADY REBEL TEAM CAMP: JUNE 24-26, 2011 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(S)	SHIRT SIZE
1.		
2.		

PAYMENT:     CHECK                       CREDIT CARD (ONLINE ONLY)

**FAX COMPLETED FORM ASAP, NO LATER THAN JUNE 1ST TO: 702.895.1269**  
**\*\*\*PLEASE MAKE CHECKS PAYABLE TO: KO OLIVIER, LLC\*\*\***