

**WRECKING CREW 2022
INFORMATION FORM**

ATHLETE'S NAME: _____

DOB: _____ **GRADE 2021-2022** _____ **A.CELL #:** _____

SCHOOL ATTENDS: _____

PARENT'S NAME: _____

CELL#: _____

E-MAIL: _____

****We will try all these items on so do not mark a size yet:***

WARM-UP JACKET: YM YL AXXS AXS AS AM AL AXL

WARM-UP BOTTOM: YM YL AXXS AXS AS AM AL AXL

T-SHIRT SIZE: YM YL AS AM AL AXL

SPANKS SIZE: YM YL AXXS AXS AS AM AL AXL

JERSEY SIZE (LONG SLEEVE):

YM YL AXS AS AM AL AXL

JERSEY SIZE (SHORT SLEEVE):

YM YL AXS AS AM AL AXL

JERSEY #: _____

(YOU GET THREE CHOICES FILL IN ALL OF THE BLANKS)

CLINIC FEE \$10.00-October 3rd, \$10.00-October 10th, \$10.00-November 7th

TRY-OUT FEE \$20.00-October 17 or \$20.00-November 14

PAID:

OFFICE USE ONLY:

TEAM NAME:

ELITE COMPETITION LOCAL SATELLITE

COACH: