



2019 WOMEN'S FLAG FOOTBALL TOURNAMENT TEAM REGISTRATION FORM

May 4 & 11, 2019

Lighthouse Christian School Football Field
960 Eastland Drive, Twin Falls, ID 83301

Team Name _____ Division ___High School ___Women's Open

Team Captain/Contact _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Phone _____ Email _____

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Player #1 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #2 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #3 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #4 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #5 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #6 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #7 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #8 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #9 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

Player #10 _____

Address _____

City _____ Zip _____

Date of Birth _____ Grade (HS Div. Only) _____

Shirt Size AS AM AL AXL

All participants must have a signed waiver on file prior to playing in the tournament (parent signature required if under 18 years of age). Your team captain/contact will be provided with the waivers.