PLAYER NAME		
PLAYER BIRTHDAY		GRADE
PARENT(S) NAME(S)		
ADDRESS		
CITY		
HOME PHONE	CELL P	PHONE
EMAIL		
		HURSDAYS 6:30 TO 8:00 H THROUGH THE END OF MARCH
REQUIRED MINIMUM AGE: PLAYE MAXIMUM AGE: PLAYE		EARS OLD BY SEPTEMBER 2024 TERING GRADE 12 BY SEPTEMBER 2
Liability Waiver: Please Sign		
	urch are not lia	able for any personal injuries that ma
		e not responsible for any loss or the
personal property. Do not leave a		
Parent(s) signature	<i>*</i>	
dicit(3) signature		
TEWARDS OF ST VASUEOS.	LEAGUE FI	
STEWARDS OF ST VASILIOS:	FAMILY	*
	PAPILI	\$75
NON-STEWARDS OF ST VASILIOS	: INDIVIDUAL	\$75
	FAMILY	\$125
PAID CASH		CHECK
	ABLE TO ST. VA	
		ch Office or mail to:
	St Val's Hoo 28 Longview \	
	Peabody, MA 0	
WE NEED VOL	UNTEERS TO HE	P COACH OR ASSIST!
		pops@stvasilios.org OR CALL:
Joh	n Kourtelidis 978	
COACH:		
NAME		