

CENTENNIAL BOWL
REGISTRATION FORM

Team Name: _____ League Name: _____

Age / Weight Group: 5 U 6U 7U 8U 8URec 9U 9U Rec 10U 10URec 11U 12U 13U 14U

Team Colors: _____

Head Coach's Name: _____

Phone: _____ Cell: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Fax: _____

Special Schedule Request(If any): _____

Required Documents

Verification you must present:

Official League Player Certification Documents

Valid Player Birth Certificate

Official League Team Roster

ALL registration payments are due on or before August 1.

Make checks payable to: Centennial Bowl

Please mail to:

**4426 Hugh Howell Rd B-181
Tucker, Georgia 30084**

Football Team Entry Fee: \$200.00

Total Enclosed: _____

Signature of Team Representative: _____