



GMSL Select Team Player Registration Form

Team Name: _____

Player Name: _____

Address: _____

City/Province/Zip: _____

Home Telephone: (_____) _____

Parent/Guardian Name: _____

Address: _____

City/Province/Zip: _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____

Email: _____

For Office Use Only

Picture received: _____

Profile received: _____

Team assignment: _____