MCCS SEMPER FIT

TOURNAMENT REGISTRATION FORM

Sport: _____ Date: _____ Team Name: _____

Coach and Assistant Coach Information

Name (Rank – *SSgt or above*, Last, First):_____

Email: _____ Phone (Work):_____ (Cell):_____

Name (Rank - *Sgt or above*), Last, First):_____

Email: _____ Phone (Work):_____ (Cell):_____

Team Roster

Rank	Last Name	First Name	Male/Female	Meets Eligibility Requirements	Status (Dep, DoD, Ret, Active)
				☐Y ☐N	
				☐Y ☐N	
				☐Y ☐N	
				☐Y ☐N	
				☐Y ☐N	
				☐Y ☐N	
				☐Y ☐N	
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				☐Y ☐N	
				☐Y ☐N	
				☐Y ☐N	
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