

TRI TOWN POP WARNER SPRING REGISTRATION

NAME _____ PHONE _____

ADDRESS _____ CITY _____

E-MAIL ADDRESS _____

AGE AS OF APRIL 1ST _____ DATE OF BIRTH: _____

I AM SIGNING MY CHILD(REN) UP FOR FOOTBALL CHEER CHALLENGER

CIRCLE JERSEY SIZE S M L YXL AS AM AL A2X

I understand that Pop Warner carries secondary insurance and that my primary insurance company will be billed first.

NAME _____ DATE _____