

LENAPE MIDDLE SCHOOL FOOTBALL REGISTRATION FORM:

2014

PLAYER NAME _____ **FALL GRADE** _____

ADDRESS WITH ZIP: _____

PARENTS CELL _____

PARENTS NAMES: _____

EMAIL ADDRESS: _____

EXPERIENCED, YES / NO. YRS PLAYED _____

WHAT POSITIONS PLAYED: _____

PRIOR TEAMS; _____

PARENT VOLUNTEERING IS REQUIRED FOR EACH FAMILY

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Please check the following positions.

_____ **7th & 8th GRADE HOME GAME SNACKS**

_____ **7th & 8th GRADE TEAM MOM'S**

_____ **FILM CREW. 7TH and 8TH GRADES**

_____ **EQUIPMENT MANAGERS. Help with organizing equipment, etc.**

_____ **FIELD HELP. Painting practice fields, etc.**

_____ **COACHING. (Must have football coaching experience)**

EMAIL FORM; devlinins@verizon.net; FAX; 215-230-0877

-----QUESTIONS Call John Devlin, 267-247-2290 -----