SEMPER FIT SPORTS
MCAS MIRAMAR

OFFICIAL SPORTS REGISTRATION FORM

SPORT: _____ UNIT: _____ TEAM NAME: _____

COACH AND ASSISTANT COACH INFORMATION

NAME *(Rank, Last, First)*: _____

EMAIL: _____ PHONE *(Work)*: _____ *(Cell)*: _____

NAME *(Rank, Last, First)*: _____

EMAIL: _____ PHONE *(Work)*: _____ *(Cell)*: _____

TEAM ROSTER

RANK	LAST NAME	FIRST NAME	UNIT	MEETS ELIGIBILITY REQUIREMENTS	STATUS	WORK#
Select				☐ Y ☐ N	Select	
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