

**GULF COAST
YOUTH
FOOTBALL ALLIANCE**
Registration Form

FOOTBALL PLAYER CHEERLEADER

Please Print

NAME: *AS IT APPEARS ON THE BIRTH CERTIFICATE:*

FIRST

MIDDLE

LAST

DOB: _____ Age on Aug. 1st _____

Month Day Year

ADDRESS: _____

CITY

STATE

ZIP

PHONE NUMBER () _____

HOME PARK _____ TEAM *name color* _____

CIRCLE ONE: MIGHTY-MITES MINI-MITES MITES

MIDGETS JUNIORS

SCHOOL: _____ GRADE: _____

PARENTS: MOTHER: _____

FATHER: _____

RESIDENCE OF MINOR IS WITH?: _____

_____ Entered _____ Date