

WASA EAGLES TEAM INFORMATION FORM

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENTS (STEP-PARENTS NAME) AT HOME ADDRESS AND  
PHONE) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT (STEP-PARENT) AT ALTERNATE  
ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIBLINGS NAMES AND AGES \_\_\_\_\_

VOLUNTEER INTEREST  
(PLEASE CHECK ANY THAT APPLY)

Phone contacts for team

Referee contacts

Pay referees

Pick-up/return flags for home games (if necessary)

Help with administrative/organizational special projects

Help with special projects involving manual labor

Other \_\_\_\_\_