



2019-2020 WNYAHL Mite Jamboree League

Preliminary Application Roster

Host Assoc: _____ Date(s): Red _____ Blue _____

Registration & Roster Form

Please Print Legibly

Association Name: _____ Team Name: _____

Team Contact: _____ Contact Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____ Team Colors: _____

Player Information:

Player Name	Birth Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

Head Coach Name: _____ CEP Card: _____ Cert. Level & Date: _____

Asst. Coach Name: _____ CEP Card: _____ Cert. Level & Date: _____

Are coaches responsible for multiple teams? If yes, please list here.

Please Circle Division your team is playing in: **RED DIVISION** or **BLUE DIVISION**

Please rate your group of players: VERY STRONG STRONG GOOD AVERAGE WEAK BEGINNERS

Contact for more information:

Tony Pierino (WNYAHL Jamboree Coordinator)

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