LA84 Foundation
Water Polo Roster Form

Pool Name:_____ Coach Name:_____

City:_____ Coach email:_____

Team Name:_____ Phone #:_____

**********TEAM INFO**********

Age Group (7-8; 9-11; 12-14; 15-16): _____

Practice Day(s):_____

Practice Time:_____

Practice Location:_____

Cap #	First Name	Last Name	Date of Birth M	D	YR	Gender (M/F)

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Submit all roster forms to Bettie Williams or Nolan Ortiz by July 27, 2017
Send forms via email to bwilliams@la84.org or nortiz@la84.org
Or by Fax to (323)730-9637