

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: _____

Date of Birth

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

LA84 Foundation Water Polo Roster Form
Submit all roster forms to Bettie Williams or Nolan Ortiz by July 25, 2018
Send forms via email to bwilliams@la84.org or nortiz@la84.org
Or by Fax to (323)730-9636