LA84 Foundation
Water Polo Roster Form

Pool Name:_____ Coach Name:_____

City: City of Los Angeles 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) |
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LA84 Foundation Water Polo Roster Form
Submit all roster forms to Jalal Hazzard or Bettie Williams by July 29, 2011
Send forms via email to jhazzard@la84foundation.org or bwilliams@la84foundation.org
Or by Fax to (323)730-9637