

## CHECK LIST FOR INITIAL REGISTRATION

Use copy of this Check List when submitting your package for approval.

**Team Name:** \_\_\_\_\_ **Club Name:** \_\_\_\_\_

**Club Rep:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Age Group:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Please Mark:**        \_\_\_\_\_ This team will play State Cup in the Fall  
                              \_\_\_\_\_ This team's first play will be an August Tournament  
                              \_\_\_\_\_ This team's first play will be over Labor Day weekend  
                              \_\_\_\_\_ This team will not begin play until League play.

### Check Off Following Items

- \_\_\_\_\_ 1, Two copies of Audit Report
- \_\_\_\_\_ 2. League Roster: Original and two (2) copies of roster (front and back on same sheet)  
          Black and White: NO COLOR
- \_\_\_\_\_ 3, Date of Birth verified for each player. Proper verification paperwork provided.
- \_\_\_\_\_ 4. Player name is the same on roster and front of Member Pass/Membership Card
- \_\_\_\_\_ 5. Signature agrees with name on front of Member Pass in Black or Blue Ink
- \_\_\_\_\_ 6. Pictures properly sized and glued to upper left-hand corner on back of the Member Pass.
- \_\_\_\_\_ 7. No corrections or correction fluid on Member Pass
- \_\_\_\_\_ 8. No corrections or correction fluid on roster
- \_\_\_\_\_ 9. Member Passes in alphabetical order and clipped to birth date verification documents
- \_\_\_\_\_ 10. International Clearance / International Clearance Waiver (if applicable) attached.
- \_\_\_\_\_ 11. State Cup Roster, if applicable: Original and two (2) copies of roster (front and back on same sheet.) Black and white; NO COLOR
- \_\_\_\_\_ 12. Rosters, Member Passes/Membership Cards, birth date verification documents and Audit reports in large envelope with this check list attached to the outside of the envelope