



JUNIOR VARSITY FOOTBALL

Please complete and return this form at the parent meeting, to
Coach Molander's office or mail to: Sara Auran, 7310 N.
Eucalyptus Drive, Paradise Valley, AZ 85253

2010 BROPHY FOOTBALL CONTACT INFORMATION

PLAYER Last Name _____ Player First Name _____

Class _____ Current Position _____ Height _____ Weight _____

Sizes: S, M, L, XL, XXL, XXXL for each of the following:

Shorts: _____ Regular Cotton T-shirt: _____ Under Armour shirt (tight): _____

PLAYER Home Phone _____ Player Cell Phone _____

Player Email _____

Player Address _____ City _____ Zip _____

MOTHER'S Name _____ Preferred Phone Contact _____

Mother's Email _____

Mother Address _____ City _____ Zip _____

FATHER'S Name _____ Preferred Phone Contact _____

Father Email _____

Father Address _____ City _____ Zip _____

Signature of Person completing this form: _____

Date: _____