

2009 GILFORD FOOTBALL REGISTRATION FORM

PLAYER NAME _____ GRADE (FALL 09) _____

ADDRESS _____

Date of Birth Month: _____ Day: _____ Year: _____ Age(Fall 2009): _____

HOME PHONE # _____

WORK PHONE# _____

CELL # _____

EMAIL ADDRESS _____

PARENTAL INFORMATION: *Please complete parental names. Addresses & CELL #'s IF different from above*

FATHER: _____

MOTHER: _____

VOLUNTEER INFORMATION: To support your player please indicate below the volunteer opportunity you would like.

<input type="checkbox"/>	Coaching	<input type="checkbox"/>	FGF Board Member
<input type="checkbox"/>	Team Mom/Dad	<input type="checkbox"/>	WEBSITE Development
<input type="checkbox"/>	VIDEO	<input type="checkbox"/>	Public Relations Coordinator
<input type="checkbox"/>	Parking Duty	<input type="checkbox"/>	Other
<input type="checkbox"/>	Concessions	<input type="checkbox"/>	

Amount Paid:	Granite State (7th& 8th)	\$100.00	CHECK#
	Snowbelt (4th, 5th, 6th)	\$100.00	CHECK#
	Flag (2nd and 3rd Grades)	\$25.00	CHECK#

WE WILL NEED PLAYER PHYSICALS COMPLETED BY AUG 19, 2009

CHECKS SHOULD BE MADE OUT TO and REGISTRATION FORMS MAILED TO:

**Friends of Gilford Football
PO Box 7431, Gilford, NH, 03247
www.gilfordfootball.org**