

# PLAYER REGISTRATION

Captain's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Team 1

Player 2

Player 3

Player 4

Team 2 (If applicable)

Captain

Player 6

Player 7

Player 8

For more information contact:

- [WVTC@indianatc.org](mailto:WVTC@indianatc.org)

- 812-624-5679