

CHRVA ADD PLAYER(S) FORM

Name of Club (if applicable) Team Rep (must list below also)		Team Name Telephone Numbers Day or Cell: Evening or Cell:			Team Code (Jrs Only) Div (CHRVA)		Div (Nat'ls)	() Female () Male	-		() Collegiate () Conglomerate		
					Street Address			City		1		Zip	
Last First					Last Yr Check					Date of	For	Registration	
<u>Name</u>	<u>Name</u>	Regis	if New	Street Address	<u>City</u>	<u>ST</u>	<u>Zip</u>	<u>Birth</u>	Officials Only	Adult	<u>Junior</u>	Type*	Number
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Date

Team Representative Signature

Mail with any fees and signed waivers to:

Dee Eddy, CHRVA Registrar 10110 Egerton Farm Ct Parkville, MD 21234

User name

Password

*For Registration Type put player, team rep, coach, chaperone, trainer, etc.