

TEAM CONNECTICUT

2026 Player Form

Please Print Clearly

Players Name _____

Address _____

City _____ Zip Code _____

Phone Number _____ Grade _____ Date of Birth _____

Email Address _____

Parents Signature _____

I give my daughter permission to play for Team Connecticut for the 2025season.

\$1000 payment due .

**NO PLAYER WILL BE REGISTERED WITHOUT THIS FORM SIGNED BY A PARENT OR
LEGAL GUARDIAN.**