

TRI-COUNTY JUNIOR FOOTBALL CONFERENCE

09-

PLEASE

Type or Print information above line.

(Glue a current photograph in this area)

ORGANIZATION _____ DIVISION _____
 TEAM NAME _____ HEAD COACH _____
 PLAYER'S NAME _____
 SCHOOL _____ GRADE _____
 ADDRESS _____ CITY _____ ZIP _____
 AGE _____ DATE OF BIRTH _____ PHONE NO. _____

This information will be completed by a Conference Official. *Verified by Conference Officials.

PROOF OF AGE SEEN BY* _____ DATE _____ WEIGHT _____ WEIGHED BY* _____

SECOND WEEK OF SEASON ADD ONE POUND	FOURTH WEEK OF SEASON ADD TWO POUNDS	SIXTH WEEK OF SEASON ADD THREE POUNDS	EIGHTH WEEK OF SEASON ADD FOUR POUNDS	TENTH WEEK OF SEASON ADD FIVE POUNDS	TWELFTH WEEK OF SEASON ADD SIX POUNDS
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EMERGENCY INFORMATION

Preferred Hospital _____
Preferred Physician _____
Medications Allergic To _____
Emergency Phone # (Other Than Your Own) _____
Additional Information _____

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TRI-COUNTY JUNIOR FOOTBALL CONFERENCE

09-01

PLEASE

Type or Print information above line.

(Glue a current photograph in this area)

ORGANIZATION Little Devils DIVISION Pee Wee
 TEAM NAME Pee Wee II HEAD COACH Jeff Carmack
 PLAYER'S NAME Justin Boda
 SCHOOL Union Elementary School GRADE 4
 ADDRESS 1214 Freedom Drive CITY Belleville ZIP 62221
 AGE 9 DATE OF BIRTH October 20, 1994 PHONE NO. 618.233.5892

This information will be completed by a Conference Official. *Verified by Conference Officials.

PROOF OF AGE SEEN BY* RK DATE 8/28/04 WEIGHT 67 WEIGHED BY* RK

SECOND WEEK OF SEASON ADD ONE POUND	FOURTH WEEK OF SEASON ADD TWO POUNDS	SIXTH WEEK OF SEASON ADD THREE POUNDS	EIGHTH WEEK OF SEASON ADD FOUR POUNDS	TENTH WEEK OF SEASON ADD FIVE POUNDS	TWELFTH WEEK OF SEASON ADD SIX POUNDS
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TRI-COUNTY JUNIOR FOOTBALL CONFERENCE

09-02

PLEASE

Type or Print information above line.

(Glue a current photograph in this area)

ORGANIZATION Little Devils DIVISION Pee Wee
 TEAM NAME Pee Wee II HEAD COACH Jeff Carmack
 PLAYER'S NAME Damon Canon
 SCHOOL Abraham Lincoln GRADE 6
 ADDRESS 32 North Belt West CITY Belleville ZIP 62220
 AGE 11 DATE OF BIRTH March 2, 1993 PHONE NO. 618.277.1520

This information will be completed by a Conference Official. *Verified by Conference Officials.

PROOF OF AGE SEEN BY* RK DATE 8/28/04 WEIGHT 90 WEIGHED BY* RK

SECOND WEEK OF SEASON ADD ONE POUND	FOURTH WEEK OF SEASON ADD TWO POUNDS	SIXTH WEEK OF SEASON ADD THREE POUNDS	EIGHTH WEEK OF SEASON ADD FOUR POUNDS	TENTH WEEK OF SEASON ADD FIVE POUNDS	TWELFTH WEEK OF SEASON ADD SIX POUNDS
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TRI-COUNTY JUNIOR FOOTBALL CONFERENCE

09-03

PLEASE

Type or Print information above line.

(Glue a current photograph in this area)

ORGANIZATION Little Devils DIVISION Pee Wee
 TEAM NAME Pee Wee II HEAD COACH Jeff Carmack
 PLAYER'S NAME Anthony White
 SCHOOL Douglas GRADE 6
 ADDRESS 5020 33rd Street CITY Belleville ZIP 62223
 AGE 11 DATE OF BIRTH February 24, 1993 PHONE NO. 618.236.2120

This information will be completed by a Conference Official. *Verified by Conference Officials.

PROOF OF AGE SEEN BY* RK DATE 8/28/04 WEIGHT 60 WEIGHED BY* RK

SECOND WEEK OF SEASON ADD ONE POUND	FOURTH WEEK OF SEASON ADD TWO POUNDS	SIXTH WEEK OF SEASON ADD THREE POUNDS	EIGHTH WEEK OF SEASON ADD FOUR POUNDS	TENTH WEEK OF SEASON ADD FIVE POUNDS	TWELFTH WEEK OF SEASON ADD SIX POUNDS
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EMERGENCY INFORMATION

Preferred Hospital St Elizabeths

Preferred Physician Dr Silhavey

Medications Allergic To none

Emergency Phone # (Other Than Your Own) 618.907.1510

Additional Information Parents: Mark & Mary Boda

EMERGENCY INFORMATION

Preferred Hospital Memorial

Preferred Physician Dr Costello

Medications Allergic To Penicillin

Emergency Phone # (Other Than Your Own) 618.973.9003

Additional Information Parents: Gary & Marcia Canon

EMERGENCY INFORMATION

Preferred Hospital Memorial

Preferred Physician Dr Boc

Medications Allergic To none

Emergency Phone # (Other Than Your Own) 618.210.5980

Additional Information Parent: John & Nancy White
