

TRI-COUNTY JUNIOR FOOTBALL CONFERENCE

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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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