			SCMA	F YOUTH TEAM REGISTRATION FORM PLEASE TYPE OR PRINT LEGIBLY										
					Check One in Each Ca	Check One in Each Category. Use a separate form for each Sport/League								
League starts League Ends			Agency:		(eg. Boys Basketball, Girls Basketball, Boys Flag Football, Girls Volleyball)									
Do you have any Pre-season games (seed, practice, qualifying)?			League	Director:	SPORT		LEAGUE							
If so, when do they start? Pre Season Dates:			Address	:	Basketba	all	Boys							
PMBF (All teams) Sports Insurance (All teams)			ns) City:	Address: City: Zip:			Girls							
(PMBF/ Sports Insurance Includes Registration)			Work Ph	none:	Flag Foo	otball	-							
Registration Only: # Teams/Individuals				nclosed:Bill Agency:	Roller Ho		Div. AA							
PMBF (Includes Registration): # Teams/Individuals			Email:		Soccer (Div. A							
Sports Insurance (Includes Reg.): # Teams/Individuals						Outdoor)	Div. B							
	(Volleyba		Div. C							
					Swimmir		<u> </u>							
	Note: All teams in All Divisions must be registered to be eligible for SCMAF tournaments													
Please attach the above information if using your own registration forms/computer printout AND SCMAF Youth Team Registration Cover Sheet														
				eams apply for Sports Insurnace (annual coverage)										
				. 91733 / FAX : 626-448-5219 / EMAIL : scmaf@scm										
		INIAIL: SOMAI, I	T	T	1	1								
PMBF	Sports Insurance	TEAM NAME/INDIVIDUAL NAMES	СОАСН	ADDRESS	CITY (DO NOT ABBREVIATE)	ZIP	COACH'S E-MAIL							
							<u> </u>							

MAIL: SCMAF, PO Box 3605, South El Monte, CA 91733 / FAX: 626-448-5219 / EMAIL: scmaf@scmaf.org / PHONE: 626-448-0853										
PMBF	Sports Insurance	TEAM NAME/INDIVIDUAL NAMES	СОАСН	ADDRESS	CITY (DO NOT ABBREVIATE)	ZIP	COACH'S E-MAIL			