

## DEPARTMENT OF MASSACHUSETTS CONSOLIDATED PLAYER REGISTRATION FORM

| Team Name: | Manager's Signature: | _ Date: |
|------------|----------------------|---------|
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| Player's Name | Home Address on<br>March 31, 2025 | School Attended on 3/31/25 & Class Yr | Date of Birth | Returning<br>Player<br>Y/N | Retained<br>Y/N | Voluntary<br>Withdrew | No<br>Show | Cut | Release<br>Date |
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