RNR SPORTS COMMUNITY EVENT INFORMATION FORM

DATE:				
YOUTH FIRST NAME		LAST NAME		
GRADE				
SCHOOL		ANTICIPATED HIGH SCHOOL		
SEX				
ETHNICITY				
DATE OF BIRTH		AGE		
SKILL LEVEL (SEE BE	ELOW FOR DEFINIT	ION) BEG A	VERAGESI	EASONED
AAU TEAM				
PARENT CONTACT	INFORMATION			
	FIRST NAME LAST NAMEPHONE NUMBER			
EMAIL			STATE	ZIP
2. FIRST NAMI	. FIRST NAME LAST NAME			
PHONE NUI	MBER			
ADDRESS		CITY	STATE	ZIP
DEFINITION OF EAC	CH SKILL LEVEL:			
BEG – LITTLE OR NO	O KNOWLEDGE OF	SPORT		
_		D GO TO IN PERSON G ON A TEAM BEFORE	AMES. PLAY SPORT	rs with
SEASONED – EXTER		OF SPORT. VERY ENGA	AGED WITH SPORT	AND PLAYS
RNR OFFICE INFOR	MATION INFORM	ATION:		
OBSERVED SKILL LE	EVEL			
RNR STAFF MEMBE	:R			
EMAIL: RNREPAND	SERVICES@GMAIL.	COM		

PHONE NUMBER: 7347408554

WEBSITE: <u>WWW.RNREPANDSERVICES.COM</u>