



2020 CAAD Adding Player(s) Form

(To be filled out by the Coach/Manager and please PRINT eligibly the names of the Players)

Please read 2020 CAAD Team Guideline

Team Name: _____

Date: _____

Coach Name, Email and VP #: _____

	Player Name	#	City and State	Email, VP or Text #
1				
2				
3				
4				
5				

SWORN STATEMENT for Coach/Player(s): I have read or have had read to me that I fully understand and met the criteria of adding player(s) shown in the whole of the **2020 Team**.

1) Player's Signature: _____ Coach's Signature: _____

2) Player's Signature: _____ Coach's Signature: _____

3) Player's Signature: _____ Coach's Signature: _____

4) Player's Signature: _____ Coach's Signature: _____

5) Player's Signature: _____ Coach's Signature: _____

Please follow the instructions:

1) CAAD Players Entry Fee of \$20.00 in a check or money order.

2) **Deadline by February 15, 2020**

3) Mail this form to: Neal McKenzie, 12113 Davison Road, Davison, MI 48423

For CAAD Only

Check# _____

Amount: \$ _____