



CKSA TEAM REGISTRATION FORM

Team: _____

Competition:

캘거리 K-리그 Outdoor	<input type="checkbox"/>
캘거리 K-리그 Indoor	<input type="checkbox"/>
심장병어린이돕기대회	<input type="checkbox"/>

	Player Last name	Player First Name	Date of Birth (YY/MM/DD)	CKSA ID #	Phone #
1					
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TEAM OFFICIALS			
	Official Last Name	Official First Name	Phone #
1			
2			
3			
4			

OFFICIALS ONLY	
Date	Team manager
CKSA Official	