

North Florida All-Star Series Coach Player Check Off Form

ACCEPTANCE FORM RETURNED

PARENT CONSENT FORM RETURNED (WITH ATTACHED
MEDICAL INSURANCE CARD)

PLAYER FEE FORM RETURNED

PLAYER FEE FOR **\$125** SUBMITTED VIA MAIL TO NORTH
FLORIDA ALL-STARS, LLC, P.O. BOX 141601, GAINESVILLE,
FL 32614-1601 **PLAYER FEE MUST BE SUBMITTED OR
ATHLETE WILL NOT PARTICPATE IN GAME**

ALL FORMS SHOULD BE SCANNED AND EMAILED TO:

northflaallstar@gmail.com

