PROGRAM/SPORT	
COMPLETED BY	
CONTACT #	
PROGRAM CODE	
DATE	

AREA	SERVICE AREA DESCRIPTION
CODE	
A	NORTHWEST SAVANNAH
В	DOWNTOWN
C	INNER CITY
D	EAST SAVANNAH
E	SKIDAWAY/ JOHNSON
F	VICTORY/ DERENNE
G	LIBERTY CITY/ STALEY
H	CARVER/KENNEDY
I	WHITE BLUFF
J	SKIDAWAY/ BACON PARK
K	MIDDLEGROUND/ WHILSHIRE
L	WINDSOR FOREST
O	COUNTY
P	OUT OF COUNTY
	(POOLER, BLOOMINGDALE, ETC.)
S	OUT OF STATE

RACE CODE	RACE DESCRIPTION
В	BLACK
W	WHITE
0	OTHER
AGE CODE	AGE RANGE
AGE CODE	AGE RANGE 0-5
AGE CODE 1 2	
1	0-5

COACH:
ADDRESS:
CONTACT#
**********
<i>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</i>
ASSIST COACH:
ADDRESS:
CONTACT #

## (BC-BIRTH CERTIFICATE)

**TEAM NAME (BELOW)** 

## PLEASE PRINT LEGIBLY

NAME (AS PRINTED ON BC) LAST FIRST	ADDRESS (NO P.O. BOX)	ZIP	AREA CODE	B/W/O	M/F	AGE CODE	DOB M/D/Y