

NYSA Adult League Team Form

1. By the deadline, all players must be registered online in the adult league program at www.oklahomceltic.com.
2. This form must be received at the NYSA office by mail/dropbox/email no later than midnight of the posted deadline. Please email it to ryan@oklahomaceltic.com or drop it off at the NYSA office.

Player/Manager Name: _____

Phone# _____

Player/Manager

email: _____

By my signature, I certify that each player below has agreed to participate with this adult team. NYSA reserves the right to add players to your team unless you are at 15.

Signature: _____ Team

Name: _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

Player Name _____ DOB _____

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