

Queens Falcons Player's Record Sheet

June						

July						

August						

September						

October						

DIVISION _____ **WEIGHT** _____ lbs.

Player Personal Information

Player's First Name _____ Last Name _____

Player's Home Telephone _____ Cell/Work/Other _____

Player's Birthdate ____/____/19____ Birth/Baptismal Cert? Yes?___ No?___ Other ID _____

Street Address _____ Apt #___ City _____ St. ___ Zip _____

School _____ Previous Grade Pt. Avg. _____ Major/Special Studies _____

Equipment Requisition (Coaches Please initial each entry)

<u>ITEM</u>	<u>DATE RECEIVED</u>	<u>DATE RETURNED</u>
Helmet	_____	_____
Ear Pads Y/N	_____	_____
Face Mask Y/N	_____	_____
Chin Strap Y/N	_____	_____
Shoulder Pads	_____	_____
All Straps Y/N	_____	_____
All Clips Y/N	_____	_____
Practice Pants	_____	_____
Belt Y/N	_____	_____
Thigh Pads	_____	_____
Knee Pads	_____	_____
Girdle and Pads	_____	_____
Game Pants	_____	_____
Game Jersey	_____	_____
Game Socks	_____	_____

