



# 2009 Derry Demons Harvest Cheer Invitational



## Team Registration Form

Name of Association: \_\_\_\_\_

Division: \_\_\_\_\_ Level (Red or Blue): \_\_\_\_\_

Team Size: \_\_\_\_\_

Team Colors: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Head Coach email: \_\_\_\_\_ Head Coach Phone Number: \_\_\_\_\_

Asst. Coach Name: \_\_\_\_\_

Asst. Coach Name: \_\_\_\_\_

Asst. Coach Name: \_\_\_\_\_

Asst. Coach Name: \_\_\_\_\_

Coach Trainee Name: \_\_\_\_\_

\*\*\* Please provide a copy of your current roster when sending in your registration.

\*\*\* Please mail completed registration and check to: **Derry Demons Football Association**  
**P.O. Box 118**  
**Derry, NH 03038**

Make checks payable to: **Derry Demons**

Cost: \$30 per team if postmarked by September 19, 2009  
\$40 per team after September 19 Registration Deadline: October 3, 2009

### Contacts:

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