

TEAM NAME	
Team Captain	
Captain Email	
Captain Phone	



#	Full Name	Date of Birth (MM/DD/YYYY)
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ALTERNATES (OPTIONAL)		
#	Full Name	Date of Birth (MM/DD/YYYY)
1		
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4		

SONG REQUEST	
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**SUBMIT COMPLETED FORMS NO LATER THAN 8:00PM ON
THURSDAY, SEPTEMBER 16,2024 TO AMYZ@SOCT.ORG**

**PARTICIPANTS NOT LISTED ON THIS FORM WILL NOT BE ADMITTED
ACCESS TO SECURE PULL AREA**