



TACOMA COBRAS FOOTBALL

Player Application
(Please print clearly)

Name _____
(Last) (First) (Middle)

Age _____ Height _____ Weight _____ Date of Birth _____
(mm/dd/yyyy)

Home Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Message Phone _____

E-mail _____ Fax _____

Primary Position _____ Secondary Position _____

Teams played for:

_____	_____	_____	_____
(high school)	(year)	(position)	(awards)
_____	_____	_____	_____
(college)	(year)	(position)	(awards)
_____	_____	_____	_____
(arena)	(year)	(position)	(awards)
_____	_____	_____	_____
(semi-pro)	(year)	(position)	(awards)

Do you have any of the following equipment?

Helmet/facemask: (yes/no) ***if applicable provide color** _____

Knee pads: (yes/no) Thigh guards: (yes/no) Shoulder pads: (yes) Practice Jersey: (yes)

For new players: six choices for jersey number; __, __, __, __, __, __

Uniform size _____
(jersey top) (bottom)

