

**2018-19 OCIEL  
TEAM REPRESENTATIVE FORM**

**OCIEL/Alison Baxter  
24431 Chancellor Ct., Laguna Hills, CA 92653  
Cell: 909-260-9221 Fax: 909-687-2705**

**School:** \_\_\_\_\_

**AT THE DISCRETION OF THE SCHOOL, THE SCHOOL REPRESENTATIVE MAY  
BE A PARENT OR A DESIGNATED COACH.**

**Team Representative's Name:** \_\_\_\_\_

**Mailing Address:**

**Street** \_\_\_\_\_

**City, Zip** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**ALL COMMUNICATION IS BY EMAIL SO PLEASE PROVIDE AN EMAIL THAT IS  
CHECKED OFTEN:**

**Email:** \_\_\_\_\_

**Did you read the RULES & REGULATIONS on the OCIEL web site? Yes \_\_\_\_ No \_\_\_\_**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_