

**2019-20 OCIEL
TEAM REPRESENTATIVE FORM**

**OCIEL/Alison Gerami
24431 Chancellor Ct., Laguna Hills, CA 92653
Cell: 909-260-9221 Fax: 909-687-2705 Email: OCIELoffice@gmail.com**

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:** _____