FAIRFIELD SPORTS ASSOCIATION 2020

SPORT_____ **FALL WINTER SPRING SUMMER**

PARENTS: Please check with your coach or team parent for your team's exact photo date, time and location.
PLEASE PRINT!! Complete this form and turn in, with payment, to team parent before photo day. THANK YOU.

TEAM NAME _____ **DIVISION**_____ **Coach's Last Name**_____

Player's Name___/___/___/