Camas Papermakers Girls Basketball
Player Information Form

First Name _____ Last Name _____

Name you go by _____

Address _____

City, State, Zip _____

Cell Phone _____

Text Y N

E-mail _____

Year in School _____

Date of Birth _____

Other sports you play _____

Parent Information – Please list information for each parent separately

Parent #1 _____

Cell Phone _____

Work Phone _____

E-mail _____

Parent #2 _____

Cell Phone _____

Work Phone _____

E-mail _____