



PUERTO RICO HIGH SCHOOL FOOTBALL LEAGUE
Official Team/ Franchise Registration Form



Name of Franchise: _____

Date Received: _____

Team Name: _____

Team Colors: _____

Team Owner(s):

Name: _____

Phone Number: _____ (Home)

Address: _____

_____ (Cellular)

Email: _____

Signature: _____

Name: _____

Phone Number: _____ (Home)

Address: _____

_____ (Cellular)

Email: _____

Signature: _____

Name: _____

Phone Number: _____ (Home)

Address: _____

_____ (Cellular)

Email: _____

Signature: _____

Head Coach:

Name: _____

Phone Number: _____ (Home)

Address: _____

_____ (Cellular)

Email: _____

Signature: _____

Official Use Only

Owner Interview Personnel: _____

Head Coach interview Personnel: _____

Registration Fee Amount: _____

Date Received: _____