



MCYBSA MANAGERS OPTIONS FORM

MANAGER NAME _____

YEAR _____

BOYS/GIRLS _____

DIVISION _____

PLAYER NAME	BIRTHDATE	PARENT'S SIGNATURE	RELATIONSHIP TO PLAYER	DATE	PHONE #

OPTION FORMS NEED TO BE TURNED IN BY THE LAST SIGN-UP DATE OF THE YEAR. THIS FORM SHOULD BE TURNED IN TO THE SEARGENT OF ARMS.