

DOMESTIC VIOLENCE

Henderson Hall Behavioral Health 703-614-7204

24/7 FAP Victim Advocate Hotline 202-439-6038

OCTOBER 4 11 AM SMITH GYM

PLEASE CONTACT RP2 Bowman chelese.bowman@usmc.mil 703-693-4732 or Marcus Page marcus.page@usmc.mil 703-697-2708

Games will be played 6 on 6 Team roster can list up to 10

Food & drinks provided by U.R.C.

Registration closes, September 30 at 11 pm

Semper Fit is committed to providing reasonable accommodations upon request. Please contact us at 703-697-2706 at least one (1) week in advance of the event.

HENDERSON HALL TEAM ROSTER FORM									
TEAM NAME									
YEAR/SEA	SON								
ORGANIZ	ATION								
COACH'S NA	ME		Pł	IONE NUMBER	EMAIL ADDRESS				
JERSEY #	PLAYER'S NAME (Include Rank)	JERSEY SIZE	SHORTS SIZE	UNIT/WORK LOCATION	PHONE NUMBER	EMAIL ADDRESS			

ADDITIONAL STAFF NAMES		PHONE NUMBER	EMAIL ADDRESS	POSITION	
AUTOMATED PLAYER COUNT	NOTES:				