

FREEZE FORM



CYFA

GRADE _____

DATE _____

HEAD _____

COACH _____

DISTRICT _____

THE FOLLOWING PLAYERS ARE FROZEN FOR THE TEAM LISTED ABOVE

PLAYER NAME	SKILL POSITION	PARENT NAME	PARENT INITIAL
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PLAYER NAME	SKILL POSITION	PARENT NAME	PARENT INITIAL
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EACH TEAM MAY FREEZE UP TO 2 PLAYERS. A FREEZE FORM MUST BE SIGNED AND SUBMITTED.

INITIAL

CYFA VP FB	
CYFA PRESIDENT	
CYFA ADMIN	
HEAD COACH	