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**Pre-registration Form for NJ DeMolay Sporting Programs**

Chapter Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Advisor of Record and E-Mail : \_\_\_\_\_  
 (Please Print)

Advisor of Record Signature: \_\_\_\_\_

Form of payment: Check enclosed ( )    Prepaid for the year ( )    Please check one.

**PLAYERS:**  
 (Please PRINT name)

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