



Dear Players and Parents,

In an effort to make fundraising opportunities available to everyone who wishes to participate, we seek your help. If you are interested in fundraising opportunities, please fill out the bottom portion of this flier and return it to your age group administrator at the first tryout/training session you attend.

Name of ODP participant: _____

Birth Year of ODP participant: _____

Parents names: _____

E-mail address: _____

Phone number: _____