ROSTER FORM FROM 3-8

THIS FORM SERVES AS AN OFFICIAL REGISTRATION FROM FOR YOUR PLAYERS AND TEAM-IT MUST BE FILLED IN LEGIBLE FOR YOUR ENTRY FORM TO ACCEPTED.

TEAM:_____ COACH:_____

GRADE:_____ BOYS:_____ GIRLS:_____ TOURNAMENT:_____ DATE: _____

EMAIL:_____

NO#:	NAME:	GRADE	SCHOOL	PLAYER ADDRESS	PHONE	D/O/B

COACH:_____ PHONE: _____ EMAIL:_____
COACH:_____ PHONE:_____ EMAIL:_____
SCOREKEEPER/TIMEKEEPER:_____
I CERTIFY THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COACH SIGN:_____ DATE:_____