

Competitive Team Roster Form

(Please attach a completed Competitive Player Registration Form for each player & a Competitive Coaches Registration Form for each adult on the roster.)

Team Name: _____
 Club: _____

Boys _____ U-_____
 Girls _____ U-_____

Coach/Asst Coach	Address	City	ST	Zip	Work Phone	Home Phone	Cell Phone	Fax

Player Name	Address	City	ST	Zip	Telephone	Birthdate	Multirostered Yes or No*	Primary or Secondary?
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								

***IF PLAYER IS MULTI-ROSTERED, PLEASE ATTACH A COMPLETED MULTI-ROSTER FORM. (AVAILABLE ON-LINE)**

I hereby certify that the above information is true and correct. _____
Coach Signature Date