

# 2015 CAPO COASTAL CLASSIC

ALL TEAMS MUST CHECK-IN AT COOKS CORDOVA AT LEAST ONE (1) HOUR PRIOR TO THE START OF THE FIRST GAME.

FOR FIRST GAMES OF THE DAY AT COX SPORTS PARK, TEAMS MAY CHECK-IN AT COX SPORTS PARK.

LEAGUE \_\_\_\_\_ TEAM NAME \_\_\_\_\_

AGE DIVISION \_\_\_\_\_ HEAD COACH \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

	PLAYER NAME (LAST NAME, FIRST NAME)	JERSEY #	BIRTH DATE MM/DD/YYYY	ASA CARD NUMBER	CHECKED BY STAFF
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Team must present proof of league insurance and**

**either of the following for each player at check-in:**  
Birth certificates, player picture, and current year non-photo ASA Card  
**or**  
Current year photo ASA card

**By completing this form, I, the head coach, verify that all the information  
on this roster is true and accurate.**