Tournament Roster

Team		Event Player List	Age	Gender
Permission to Travel [_]		Approved Roster [_]		

Role	Name (Last, First)	Sex	Address	City	Zip	H.Phone	C.Phone	DOB	Email Address
Coach									
Asst.									
Asst. (2)									
Mgr									

Name (Last, First)	Jer#	Position	Address	City	Zip	Phone	DOB	Waiver	On Roster	Guest

I certify that all players listed are in good standing and are not under suspension unless noted.
I am in possession of Medical Waivers for all athletes attending.

Signature:_____**Date:**_____