



SPORTS TOURNAMENT ROSTER FORM

EVENT NUMBER: _____ EVENT NAME: _____ EVENT DATE: _____ TEAM NAME: _____
 EVENT TYPE: WOMEN ___ MEN ___ GIRLS ___ BOYS ___ AGE GROUP: _____ GRADE GROUP: _____ SKILL LEVEL: ELITE ___ COMPETITIVE ___ DEVELOPMENTAL ___

All information must be provided for all team participants. **Minors must have a parent/guardian's signature to participate.**

Jersey Number	Name	Address	City, State & Zip	Email	Phone	Date of Birth	Grade in 2008/2009	Participant Signature	Parent Signature
PLAYERS									

Please provide all information for coaches

Name	Address	City, State & Zip	Email	Telephone	Coach's Signature
COACHES					