

Event Name: _____

Team Name: _____

Division: _____



Coach #1

Coach #2

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Cell Phone: _____

Day Phone: _____

Day Phone: _____

Email: _____

Email: _____

	Participants Name	Date of Birth	Age	Gender (M/F)	Cross-over (Y/N)	Cross-over Team
1						
2						
3						
4						
5						
6						
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36						

I affirm that all information on this form is accurate and all participants on this roster have been added to the appropriate division. I understand should the information on this form be falsely represented in any way, that my team will be disqualified.

Coach or Gym Owner's Signature

Date