



September 2009
FORM # 2 of 5

TEAM ROSTER

YEAR: _____ SESSION: Spring Summer Fall Winter I Winter II

SPORT: Basketball Football Soccer Other: _____

DIVISION: YOUTH: Boys Girls ADULT: Men's Women's Coed

LEVEL: C: Recreational B: Intermediate A: Competitive

TEAM AGE: ADULT YOUTH TEAMS Oldest / Highest: AGE _____ GRADE _____

TEAM NAME: _____

RESPONSIBLE PARTY: _____

PHONE: HOME _____ CELL _____ WORK _____

MUST BE RENEWED EACH SESSION !

				YOUTH
	#	PRINT PLAYER'S FIRST / LAST NAME	AGE	GRADE
01				
02				
03				
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