



April 2010
FORM # 2 of 5

TEAM ROSTER MUST BE RENEWED EACH SESSION !

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

SPORT: Basketball Football Soccer Other: _____

DIVISION: YOUTH: Boys Girls (co-ed will play Boys division)

ADULT: Men's Women's Coed

LEVEL: A: Competitive B: Intermediate C: Recreational

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

TEAM NAME: _____

RESPONSIBLE PARTY: _____

PHONE: HOME _____ CELL _____ WORK _____

*** DOB required in case of duplicate names in our system!**

				YOUTH TEAMS	
	#	PRINT PLAYER'S FIRST / LAST NAME	* DATE of BIRTH	AGE	GRADE
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					

ROSTER LIMIT (including subs) is eighteen (18). No more will be accepted!