Team Roster
State Tournament
Registration

Team _____

Coach _____

Phone (Cell)_____W _____

Fax _____ E-mail _____

Squad Members: (Please Print Names and Assigned T-Shirt Numbers)

Name _ No.		Name _ No.	
1._____	_____	11._____	_____
2._____	_____	12._____	_____
3._____	_____	13._____	_____
4._____	_____	14._____	_____
5._____	_____	15._____	_____
6._____	_____	16._____	_____
7._____	_____	17._____	_____
8._____	_____	18._____	_____
9._____	_____	19._____	_____
10._____	_____	20._____	_____

By signing this document you are confirming that this is a complete list of players that will be playing in the state tournament, and that you have turned in each of their liability and medical sheets.

Coaches Signature: _____

Registration Fee: $500 per team – 20 player per roster limit

Bring This Roster and Corresponding Fee with you to Registration