

TEAM ROSTER – Date: _____

HAND IN TO THE TOURNAMENT DIRECTOR 30 MIN BEFORE THE FIRST GAME

List all players who will be in attendance and mark pick- up players with an (*) and the division/association they play for

TEAM NAME: _____ DIVISION: _____

HEAD COACH NAME: _____

ASSISTANT COACHES: _____

Contact # _____

FIRST AND LAST NAMES PLEASE

JERSEY NUMBER

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