

Team Roster

Roster Deadline: August 19, 2011

Team Name: _____ Circle One: Mites or Pee Wee or Bantams Area: _____

Circle One: Boys or Girls

Coordinator: _____ Coach: _____ Coach: _____

#	First Name	Last Name	Physical Address of Residence	Town/City	Date of Birth	Age	Gender
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**** Roster WILL NOT be accepted unless ALL requested information is COMPLETE for each athlete!****

***** Reminder: DO NOT use P.O. Box #'s as an athletes' "Address of Physical Residence!"*****