

2019-2020 TEAM ROSTER**TEAM NAME** _____

Captain:	Co-Captain:
Address:	Address:
City/Zip:	City/Zip:
Home#:	Home#:
Cell#:	Cell#:
Work#:	Work#:

All Team Members Must Sign Roster Sheet

X If a Rookie	Name – Please Print	Signature	Contact #
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
	11.		
	12.		
	13.		
	14.		
	15.		

If your team has a designated person for the handling of team money/turning in dues, please signify by putting a \$ sign next to their name.