Team Roster – Please Fill Out And Print Legibly

Team Name_____ Manager Name_____

Day Phone_____ Night Phone_____

Cell Phone_____ Email Address_____

NOTE: (Use Two Lines If Necessary)

Name	Address	City	Zip	Age	Day Phone Ex. (555)-555-5555	Night Phone Ex. (555)555-5555	Birth Date (mm/dd/yyyy)	Email
ASSISTANT COACHES								

Manager's Printed Name _____

Manager's Signature _____ Date_____