

# Team Roster

TEAM NAME:

(in the event of an emergency we need all fields to be completed by the player or team captain)

|    | PLAYERS NAME (please print) | Address | Your Contact # | Emergency Contact # |
|----|-----------------------------|---------|----------------|---------------------|
| 1  |                             |         |                |                     |
| 2  |                             |         |                |                     |
| 3  |                             |         |                |                     |
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| 19 |                             |         |                |                     |
| 20 |                             |         |                |                     |