

TEAM ROSTER

Institution _____ Team Name _____ Division _____

Team Captain _____ Phone Number _____ E-mail _____

Address _____ City _____ Zip Code _____

PLAYER NAME (Please Print)

SCHOOL ID NUMBER

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____

*** I verify that all of the above students are enrolled in our institution.**

Signature _____ Date _____
Team Captain

*** I verify that all of the above students are enrolled in our institution and are eligible under our intramural guidelines and policies.**

Signature _____ Date _____
Intramural Coordinator
