

TEAM ROSTER FORM

TEAM NAME: _____ LEAGUE NAME: _____ DIVISION: _____ NIGHT: _____

TEAM REPRESENTATIVE		MAILING ADDRESS	POST CODE	PHONE # H/W	EMAIL
1.					
2.					
PLAYER'S NAMES	AGE	MAILING ADDRESS	POST CODE	PHONE # H/W	EMAIL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
COACHES (IF ANY)		ADDRESS	POST CODE	PHONE # H/W	
1.					
2.					

* Note: The full and complete address of each player must be included on this form or it will not be accepted by G.V.R.S.
 The team will default each game till a fully completed roster is turned in.