

# INTERSTATE SPORTS ACADEMY

# TEAM ROSTER FORM

TEAM NAME:	AGE GROUP:
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COACH/MANAGER	ADDRESS	PHONE (DAY)	PHONE (EVE)	PHONE (CELL)	E-MAIL ADDRESS
ALTERNATE CONTACT					

	UNIFORM #	PLAYER'S NAME	DATE OF BIRTH	FOR OFFICE USE ONLY	PHONE	E-MAIL ADDRESS	PRINTED NAME OF PARENT/GUARDIAN
1							
2							
3							
4							
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17							
18							

AN INCREASED ROSTER FEE OF \$20 PER PLAYER WILL BE CHARGED FOR PLAYERS ABOVE THE ROSTER MAXIMUM OF 18 PLAYERS.

DATE:	COACH'S CERTIFICATION OF PLAYERS' AGES AND ELIGIBILITY:
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