



2018 HARVEST CUP • TEAM ROSTER

Roster is approved by school administrator and certifies that all students listed above are current students of the school and grade levels are accurate. Must be approved by school principal or administrative assistant.

Signature: _____ Role: _____ Date: _____

SCHOOL NAME: _____

COORDINATOR NAME: _____

COACH INFORMATION

Name			
Email Address		Cell phone	

TEAM INFORMATION

Division (check one)	<input type="checkbox"/> Boys <input type="checkbox"/> Girls	Grade level (check one)	<input type="checkbox"/> 3/4th <input type="checkbox"/> 5/6th <input type="checkbox"/> 7/8th
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FINAL ROSTER (minimum of 12 players and a maximum of 22)

Player Name	M/F	Grade	Age	Cell phone	Paid?	Consent Form?	T-shirt size
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