



ACADEMY TOURNAMENT ROSTER

Team Registration Roster



Type or Print ONLY

Fall _____ 20____ Spring _____ 20 _____

Team Name	Jersey Color	# of Players by Gender	Age Group	Team Gender
		B _____ G _____	U _____	B ____ G ____

<p>Please Type or Print in Black Ink. Players are to be listed in Alphabetical Order NTX Reg# is Mandatory for every player.</p>	<p>Name of Tournament and Dates Team Is Entering:</p> <p>Tournament: _____ Dates: _____</p>
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Name (Last, First)	Sex	Address	City	Zip	H. Phone	W. Phone	DOB	Email Address
Coach								
Asst. Coach								
Manager								

Name (Last Name, First)	Registration #	DOB Month/Year	Sex	Jersey #	City	State
1.						
2.						
3.						
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13.						
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15.						
16.						

I certify that the above information is true and correct. Signed: Coach _____ Date: _____

Association Registrar: _____ Date: _____ Coaches License _____