GATEWAY AMERICA SPORTS OFFICIAL TEAM ROSTER

Print this form and mail with registration & payment to: 36 Oakland Hills Drive, Chesterfield, MO 63017, or present it at check-in at least 1/2 hour prior to the start of your first tournament game. Thank you.

TEAM NAME	
YEAR/SEASON	
AGE DIVISION (Circle one)	8U 9U 10U 11U 12U 13U 14U 15U 16U 17U

COACH'S NAME(S)	PHONE NUMBER	EMAIL ADDRESS

	PLAYER'S NAME		PLAYER'S NUMBER	BIRTH DATE	NOTES

Team Manager's affidavit - I, the manager of the above team, do hereby state that all of the information supplied is coorect to the best of my knowledge. I further agree that each player is eligible to compete with my team. EACH TEAM MANAGER SHALL BE RESPONSIBLE TO KEEP LEGAL COPIES OF BIRTH CERTIFICATES, ETC. AT ALL TIMES IN CASE OF PROTEST.

SIGNATURE: _____ DATE: _____

COMMENTS: