



ACADEMY TOURNAMENT ROSTER

Team Registration Roster

Type or Print ONLY FALL 200 SPRING 200



Team Name	Jersey Color	# of Players by Gender	Age Group	Team Gender
		B <u> </u> G <u> </u>		B <u> </u> G <u> </u>

Please Type or Print in Black Ink. Players are to be listed in Alphabetical Order NTX Reg# is Mandatory for every player.	Name of Tournament And Dates Team Is Entering: Tournament: _____ Dates: _____
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Coach etc.	Name (Last Name, First)	Sex	Address	City	Zip	() H Phone	() W Phone	Email Address
C								
AC								
Mgr								
Name (Last Name, First)	Sex	Jer#	Address	City	Zip	() Phone	DOB	NTX Reg. #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								

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

Association Registrar: _____ Date: _____ Coaches License _____