



TEAM ROSTER

AGE DIVISION (CHECK ONE):

IMITES	MITES GIRLS	MITES BOYS	MINORS GIRLS	MINORS BOYS	JUNIORS GIRLS	JUNIORS BOYS	SENIOR GIRLS	SENIOR BOYS	MENS
K4-1	2-3	2-3	4-5	4-5	6-8	6-8	9-12	9-12	

CHURCH: _____ CHURCH PHONE #: _____

COACH NAME (REQUIRED): _____ EMAIL: _____ CELL: _____

ASSIST COACH NAME: _____ EMAIL: _____ CELL: _____

TEAM COMPOSITION (list the qty of players from each grade): K4___K5___1___ 2___3___ 4___5___ 6___7___8___ 9___10___11___12___

NOTES TO CLBBY FOR CONSIDERATION (optional): _____

NAME OF PLAYER

GRADE

TEAM'S ABILITY TO COMPETE (CIRCLE ONE):

ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR UNKNOWN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____

COACH'S SIGNATURE:

(REQUIRED TO CERTIFY THAT ALL PLAYERS/COACHES HAVE A SIGNED
INSURANCE RELEASE WAIVERS & CODE OF CONDUCT FORMS, AND THIS
COACH HAS THESE DOCUMENTS IN HIS/HER POSSESSION)

MINISTER'S/DCE'S SIGNATURE:

ATHLETIC/YOUTH DIRECTOR'S SIGNATURE:

(REQUIRED TO CERTIFY THAT ALL PLAYERS LISTED MEET ALL THE
REQUIREMENTS TO PARTICIPATE IN CLBBY)