



TOURNAMENT OFFICIAL ROSTER FORM



	PLAYER NAME	DOB	PARENT/GUARDIAN NAME	SIGNATURE	RELATIONSHIP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

TEAM MANAGERS AFFIDAVIT

I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all players (18 & older), parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in any ZYB event in accordance with the ZYB Official Rules. **IMPORTANT-** Each team manager shall be responsible to keep legal copies of players birth certificates at all times on demand in case of a protest.

TEAM NAME: _____ AGE LEVEL/DIVISION: _____

MANAGER'S SIGNATURE: _____ DATE: _____

TEAM MAILING ADDRESS: _____

PHONE: _____

MANAGERS EMAIL ADDRESS: _____