



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 ____

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: _____	

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.						
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 _____