

TEAM NAME: \_\_\_\_\_



NAME	POSITION	PHONE	EMAIL
	Coach		
	Assistant Coach		
	Team Manager		

### PLAYER ROSTER

#	FIRST Name	LAST Name	Date of BIRTH	Emergency PHONE	Contact EMAIL	PARENTS GUARDIANS	Parents SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

League representative signature for accepted roster: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Team representative signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date/Season: \_\_\_\_\_

(I have certified that all players' names and date of births are correct. Any player not on roster or wrong age will result in team being expelled from the league)



# Xchange Team Lineup Sheets

Date:

Opponent:

