



2009-2010 TEAM ROSTER

Team Name _____
Event Attending _____
Division _____

Please type or print. Complete one form per division entered. Form may be duplicated. List names in alphabetical order by last name. Include alternate names and coaches as indicated at the bottom of the form. Rosters must be returned by deadline date indicated for each event. Rosters may also be emailed to info@usasportsproduction.com.

	First Name	Last Name	Age as of 8/31/09 (All-Star Only)	Grade (School/Youth League Only)	Gender (M/F)	CrossOver	Waiver
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	Coach		Number of coaches allowed per team is up to two (2) per squad. Only event credentialed coaches will be allowed in the Warm-Up Hall and on the Competition Floor				
	Coach						

I, _____
 Signature—Coach/School Principal/Gym Owner

Verify the age and/or grade of each team member is correct