arizona
CACTUS CLASSIC

TEAM ROSTER FORM

(PLEASE MAKE SURE JERSEY NUMBERS ARE ACCURATE – NEEDED FOR STATS PROGRAM)

TEAM NAME: _____

UNIFORM	PLAYER NAME	SCHOOL	POSITION	HEIGHT	GRADE

AS A COACH/TEAM REPRESENTATIVE OF THE TEAM I CERTIFY THAT THAT THE INFORMATION WITHIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SHOULD A PROTEST ARISE CONCERNING THE ELIGIBILITY OF ANY PLAYERS PARTICIPATING ON MY TEAM, THAT IT WILL BE NECESSARY THAT PROPER DOCUMENTATION (I.E. BIRTH CERTIFICATE, GRADE EXCEPTION FORM) BE MADE AVAILABLE VERIFYING THE PLAYER'S ELIGIBILITY. IT IS UNDERSTOOD THAT SHOULD ONE OF MY PLAYERS BE FOUND INELIGIBLE, THAT ALL GAMES WILL BE FORFEITED IN WHICH THAT PLAYER HAS PARTICIPATED AND THAT THE PLAYER WILL NOT BE ABLE TO CONTINUE PARTICIPATING IN THE TOURNAMENT.

PRINT NAME: _____ SIGNATURE: _____