2010 Redwood Falls Invitational

TEAM NAME _____ AGE DIVISION _____

DATES OF TOURNAMENT:_____

Coach: Please fill out this roster form and turn it in at the Tournament Check In table prior to your first game. All coaches must have copies of birth certificates to verify ages if needed. All teams must check in at the Tournament Table before their first game.

Jersey #	Name	Age	Birthdate

Weekend Local Contact Phone (Hotel or Cell Phone) _____

Head Coach Name, Address and Phone # _____
Email address or Fax number _____
(Used for State Qualifiers) _____
_____
_____