

OFFICAL 3 V 3 ROSTER

Must have at check-in and on hand at all times during tournament.

Must have medical releases for all players as well.

Make sure to make two copies: Send one in with your registration

Region: _____

Coaches Name: _____ Division _____ B / G (circle one)

Player Name:

DOB:

AGE:

1. _____

2. _____

3. _____

4. _____

5. _____

Verified by Regional Commissioner _____ and Date: _____

Verified by Tournament Registrar _____