



## TUSTIN TAKEOFF TOURNAMENT ROSTER FORM

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ League: \_\_\_\_\_

Team Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Team Manager cell number: \_\_\_\_\_ Email: \_\_\_\_\_

Team Mom cell number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Signatures verify parent has read the rules.

Player Name	Jersey #	DOB	Parent Signature*
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			