VARSITY ALL STAR

TEAM MEMBER LIST

School / Rec Program Name: _____

Event Attending: _____

Division: _____

Participant Name	Grade	Date of Birth	Age as of 08/31/18	Gender (M/F)

I confirm that all information listed above is accurate and that all participants listed on this Team Member List are registered in the correct division. Proof must be available upon request. Signature must be provided in order to complete the team list.

Coach's Signature: _____ **Date:** _____