VARSITY REC ROSTER FORM

Program Name: _____ Team Name: _____

Division: Choose Your Division Level: Choose Your Level

Competition Type: ☐ ☐ ☐ ☐ # of Athletes: _____ # of Coaches: _____

ATHLETE ROSTER INFORMATION:

Name (First & Last):	Gender:	Birth Date:	Age as of 8/31/19:	19-20 School Grade

COACH INFORMATION:

Coach Name: (First & Last)	Coach Name: (First & Last)

**Team must provide a roster with birthdates as well as produce copies of athlete's birth certificates, either printed or in document form. Roster must be updated for each event and provided at check in. Team members must fulfill the age requirement for the division that they are entering on/before August 31, 2019.*

VARSITY SPIRIT