



CAROLINA SENIOR SPORTS

Team Name: _____

Coach Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Alt Coach/Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Instructions:

Each player is required to be registered in order to be considered a player in the league. Players may not be registered on more than ONE roster and is bound to the first approved roster. Any modification to submitted rosters requires director approval or they are considered an illegal player.

I hereby attest that my roster is factual, accurate, and I have verified with each player that they will not be included on another roster.

Print Name: _____

Signature: _____ Date: _____



CAROLINA SENIOR SPORTS

Team Name: _____ Coach: _____

Player	First	Last	Address-City-State-Zip	Emergency Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				



CAROLINA SENIOR SPORTS

Player	First	Last	Address-City-State-Zip	Emergency Number
12				
13				
14				
15				
16				
17				
18				
19				
20				