

Rocky Mountain State Games Team Roster Form

Email to info@thesportscorp.org or fax to 719-634-5198

SPORT: _____ **TEAM NAME:** _____

Roster - Print Team Member Names	Gender (M / F)	Date of Birth mmddy	Email	Phone Number	Grade Just Graduated From (if apl)	T- Shirt Sizes (If pre-purchasing)	Athlete Waiver Signature Parent/Guardian, if under 18.
This Form must be completed & included with the team registration information.							
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What is the birthdate of your oldest player (required)? _____

Coach/Team Captain Name: _____ Cell # (to be reached the weekend of the tournament): _____ Email: _____

Jersey Color(s) _____ Describe your team's competitive level _____