



# ACADEMY TOURNAMENT ROSTER

## Team Registration Roster

Type or Print ONLY FALL 20 SPRING 20



Team Name	Jersey Color	# of Players by Gender	Age Group	Team Gender
		B <u>    </u> G <u>    </u>		B <u>    </u> G <u>    </u>

Please Type or Print in Black Ink. Players are to be listed in Alphabetical Order NTX Reg# is Mandatory for every player.	<b>Name of Tournament And Dates Team Is Entering:</b> <b>Tournament:</b> _____ <b>Dates:</b> _____
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Coach etc.	Name (Last Name, First)	Sex	Address	City	Zip	( ) H Phone	( ) W Phone	Email Address
C								
AC								
Mgr								

Name (Last Name, First)	Sex	Jer#	Address	City	Zip	( ) Phone	DOB	NTX Reg. #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								

I certify that the above information is true and correct. Signed: Coach \_\_\_\_\_ Date: \_\_\_\_\_

Association Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ Coaches License \_\_\_\_\_