KIDSPORTS KLASSIC TEAM ROSTER FORM

_____ _____ **AGE U _____** **BOYS ☐ GIRLS ☐**

TEAM NAME HS AREA

_____ _____ _____ _____

HEAD COACH HOME PHONE WORK/CELL PHONE E-MAIL

_____ _____ _____ _____

TEAM MANAGER HOME PHONE WORK/CELL PHONE E-MAIL

LEAGUE PREFERENCE ☐ Upper ☐ Middle ☐ Lower

***OYSA: X - has a current card $ - needs to purchase new card**

PLAYER	PHONE	ADDRESS/Zip Code	GRADE	SCHOOL	DOB	OYSA*