

TEAM ROSTER – Must be filled out for each team

Coaches must fill out this Roster and Submit to:

Mail to: Utah State University
UICC Registration Services
5005 Old Main Hill
Logan, UT 84322-5005
(It can also be scanned and emailed to robbie.gerber@usu.edu)

SCHOOL: _____
COACH: _____ Team Skill Level: Varsity or JV (please circle one)
ADDRESS: _____
Ph # _____ Email _____

*****PLEASE PRINT CLEARLY*****

Team # _____
Team Roster (If you have multiple teams please make copies and fill out this roster for each team.)

Player #1 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #2 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #3 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #4 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #5 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #6 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #7 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #8 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #9 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____

Player #10 Name: _____ Address: _____
(Street, City, State, Zip)
Graduation Year _____ Email: _____ Age: _____